

# THE AMERICAN JOURNAL OF NURSING

VOL. I

JUNE, 1901

NO. 9

## ORIGINAL COMMUNICATIONS



### WITH THE MAINE TO SOUTH AFRICA \*

By M. EUGÉNIE HIBBARD

Late Superintending Sister American Hospital Ship Maine

(Continued from page 400)

MOOI RIVER FIELD HOSPITAL, NATAL, *February 21, 1900.*—About a quarter of a mile to our left, rising from the river, is a line of low kopjes (hills). To one in particular my attention is called, as in the early days of the war a Boer gun held the position of honor on the ridge. It had been brought here for the purpose of shelling the railroad bridge crossing the Mooi River at this point, which if successful would have cut the line of communication with Durban on the coast. Fortunately for the British cause, these efforts proved futile, and the Boers withdrew after looting the various farmhouses in the vicinity and driving before them several ox-wagons filled with household effects. There, as at Newcastle and Dundee, all in Natal, tales are told of looting, plunder, and wanton destruction,—acts committed by a people whose peculiar boast is marred by such inconsistencies. Now, partially concealed by shrubbery, on the same spot a British gun is monarch of all we survey.

At this elevation (five thousand feet above sea level) the atmosphere is the purest found in South Africa. The days, though hot during the mid-day hours, are at other times delightfully cool, and the nights almost cold. Owing to the clear atmosphere sounds from a distance are

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easily transmitted, and I could distinctly hear the peculiar call of the Kaffir to his yoke of oxen (sometimes eight in number and often thirty) at the farms on the hillsides, and the drowsy hum of insect life on the veldt around us filled the air, successfully removing the impression that we are so near the fighting-line, making the association almost impossible, when a portentous sound broke upon the air, unlike any other, save that of the sunset gun, again and again regularly repeated, each time clearer and more defined, and I am told "The artillery guns are speaking at the Tugela," and we know that General Buller is making his fourth and we hope his final advance for the relief of Ladysmith. The firing continued throughout the afternoon, which I spent in visiting the wards of the hospital and officers' quarters, containing altogether between seven and eight hundred patients, the majority seriously ill. In the distribution of the work I found one nursing "sister" had been assigned to ten wards, each containing six cots, making a total of sixty patients—a large and impossible number for one nurse to even supervise. When will the Medical Department fully realize the responsibilities that fall to it in time of war? This hospital, though apparently fully equipped in other respects, feels keenly the policy pursued at home of restricting the number of "sisters," assigning so small a proportion to acute cases, handicapping the service, and sacrificing the soldier to an ignorance of conditions which, though possibly unforeseen, should have been quickly appreciated and promptly corrected. History, repeating herself, should teach us lessons not so easily forgotten. Nature is a most exacting mistress, and under morbid conditions demands servile homage.

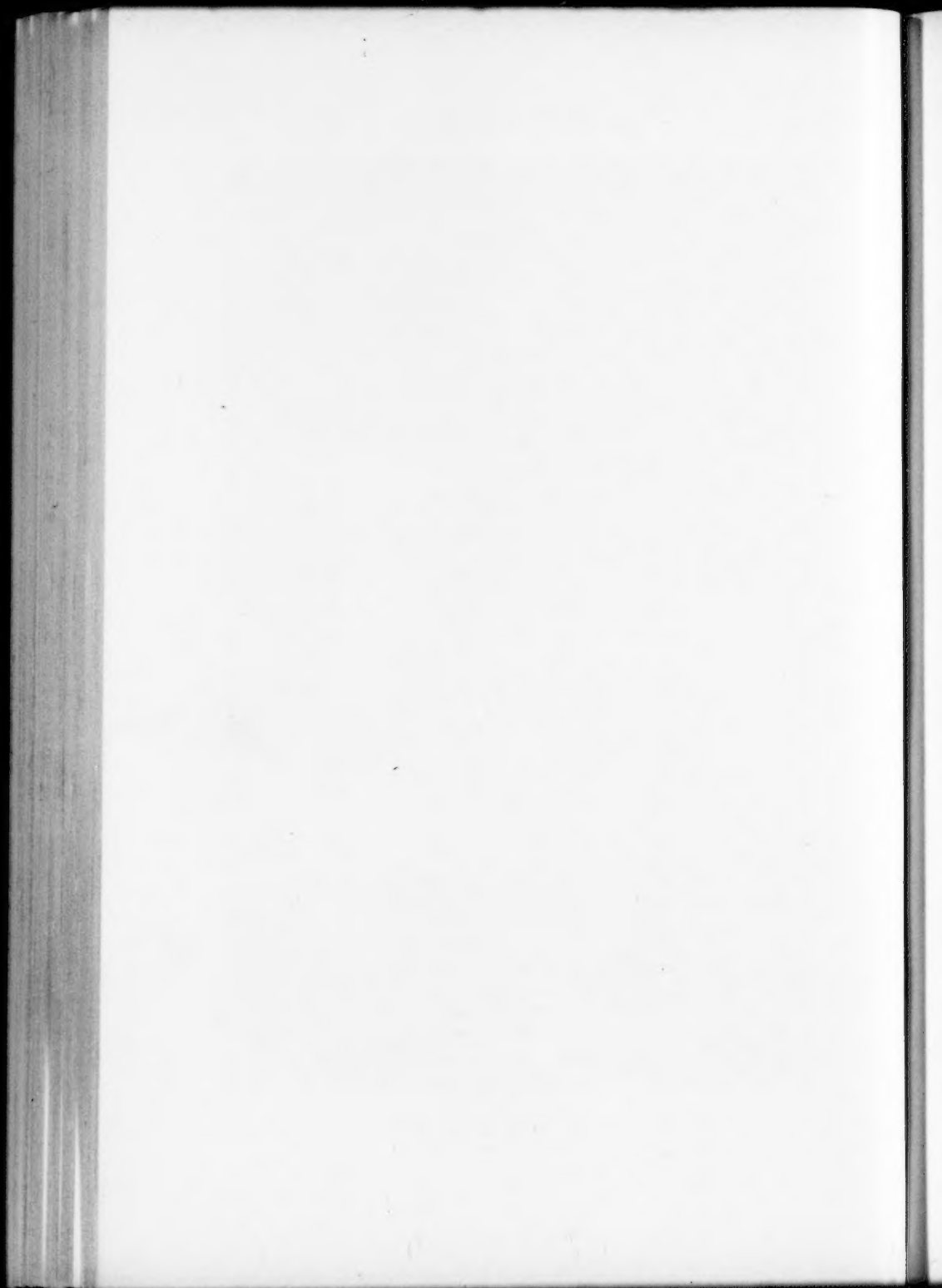
The feeling of sympathy exhibited in the material form of equipping and maintaining a hospital ship for a number of months in the South African service by the American ladies in London is greatly appreciated here. Colonel Cleary, P. M. O., expressed the wish that his brother, General Cleary (who was wounded at the first battle of Colenso, the same time that General Buller was also slightly wounded), would come to the Maine to recuperate. When I saw General Cleary later he spoke so kindly of our work that I was tempted to urge Colonel Cleary's suggestion, but the soldier spirit was too strong within him, and he said he would not like to be removed so far from the fighting-line.\*

The officers at this hospital are accommodated in the hotel, which was commandeered for the purpose. There are between forty-five and fifty officers, heroes every one, who have suffered as the men under them suffered in the battles of Colenso, Spion Kop, and Vaalkranz. All bar-

\* General Cleary later joined his command.



MARKET-PLACE, DURBAN, NATAL, SOUTH AFRICA





riers are now broken down, and the condition of these men fills our hearts with the sympathy that forces the tears into our eyes as we see the physical wrecks they have become, and fully realize that some of them will never see home (England) again. Here, as elsewhere, I found the English army "sister" held in great respect by the men. A sergeant-major said to me one day, "But our 'sisters' rank as officers;" being conscious of this, he felt the dignity reflected honorably upon himself. The devotion of the "sisters" here is worthy indeed of notice. With a very small proportion of assistants and many responsibilities, they worked faithfully through the long days and weary nights, evoking a feeling of gratitude in their patients.

Impressed forcibly by the terrible results of war, I left Mooi River Field Hospital with mixed feelings of awe, admiration, and regret that I personally could not help in the great work of the sisters in encouraging and comforting the patients under their care.

Bidding good-by to the hospital, lying white on the hillside, without shade or shadow, save the invisible shadow of death hovering constantly over it, I turned my face homeward, leaving on the twelve-thirty train (midnight), *the only woman passenger*.

During the dark hours we passed through the least interesting part of Natal, but when the sun rose the scenery was gorgeous, all tints of flower and foliage blending to make one perfect whole. As we were now constantly descending, the country opened out before me more rapidly, and the road being circuitous, the second and third glimpse of some beautiful spot was secured. Large herds of Madagascar cattle added much to the picturesqueness. The Victoria palm stands out distinctly against the morning sky, and the heavier foliage of the smaller trees and shrubs forms an excellent background for the brilliantly colored flowers.

I arrived at seven-thirty this morning, February 22, 1900, reaching the Maine about eight o'clock. Doctors Rodman and Hastings returned the night previous from the front, having gone as far as the hill of Monte Cristo. Major Cabell, the American medical officer in command, left us to-day, sailing for England on the Garth Castle en route for America, his leave of absence from Washington having nearly expired. Richard Harding Davis came on board this afternoon, and Doctor Prince (American consul), with his wife and daughter, were also on board for afternoon tea.

*Friday, February 23, 1900.*—Fifteen men were returned to the front, or, rather, to the base hospital at Pietermaritzburg, to-day. Lady Randolph Churchill and Miss Eleanore Warrender left this afternoon to spend the night on H. M. S. Terrible. During the evening we re-

ceived a signal message which read, "Cronje captured with eight thousand men," causing great enthusiasm and rejoicing.

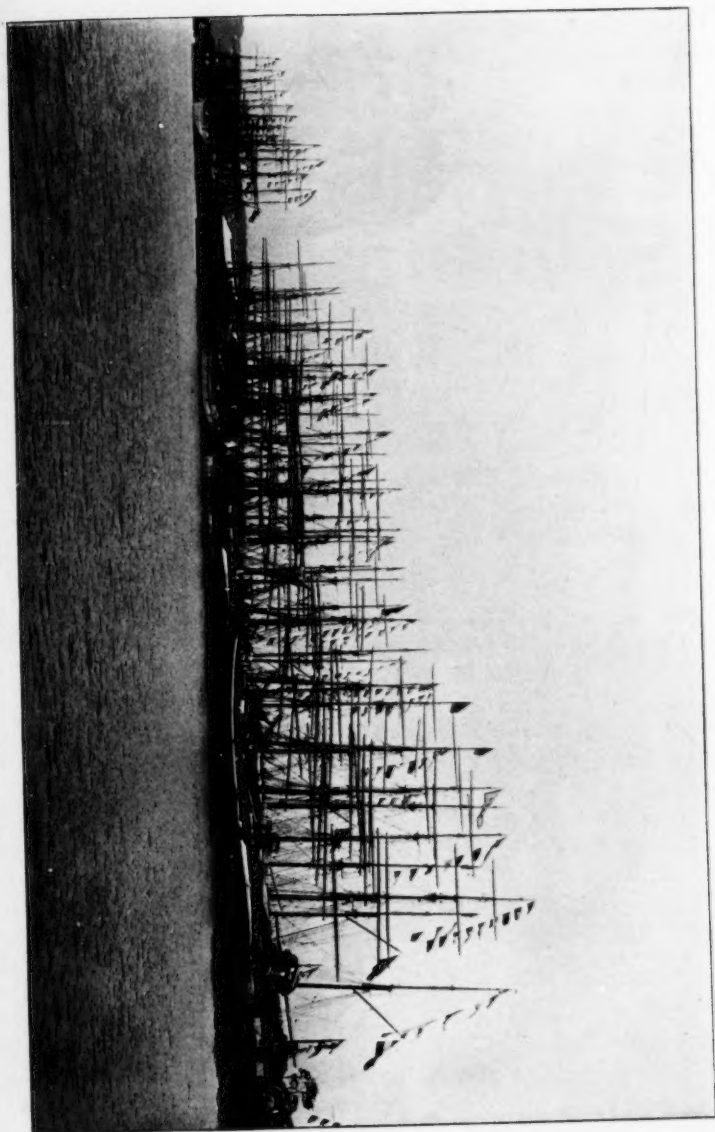
*Saturday, February 24.*—Reported capture of Cronje not confirmed, consequently great disappointment.

*Wednesday, February 28, Majuba Day.*—To-day official news of Cronje's surrender was received, and great credit was given to the Canadian regiments. Good news has a wonderful effect, and we all feel that now the back-bone of the war is broken. During the evening the display of fireworks was very fine. Several of the male nurses returned from the front to-day. They had seen the engagement on Geobler's Kloof, had seen the shells flying, and heard the demoralizing rattle of the pompons. Strange to say, during the shell-fire they had seen a farmer quietly guiding his yoke of oxen to and fro through the ploughed ground, apparently conscious of the fact that his proximity to the guns prevented any molestation by them. The peculiar feature of the railroad beyond Colenso is the engine, covered entirely with manila rope (to prevent accidents from flying shrapnel, etc.), consequently presenting a most unusual appearance and named "Hairy Mary," a most uncomely looking object. Doctors Weber and Dodge left this afternoon for a view of the interior. Concert on board this afternoon.

*Thursday, March 1, 1900.*—The four "sisters" went ashore early this morning for a trip into the country. Twenty-four convalescent patients were ordered to the front while on deck waiting for the usual inspection preceding discharge. A certain amount of excitement prevailed on the signal officer reporting an order received from the gunboats, "Prepare to dress ship." Immediately the sailors prepared long strings of bunting, using all signal-flags for the purpose. Hardly had this been accomplished when the general order came from head-quarters, "*Dress ship. Relief of Ladysmith.*" A thousand or more flags unfurled at a given moment on the numerous vessels in the harbor instantaneously produced a scene worthy of such good news, and the cannon poured forth their unbounded delight with continuous roar for what gun, cannon, shot, and shell had accomplished, almost drowning the ringing cheers of the sailors, given with hearty good-will, for the valiant men who had secured through supreme effort, after one hundred and eighteen days, *the relief of Ladysmith.*

All honor is due both besiegers and besieged, but to-day let us rejoice that the victory is on the side of those who have suffered all the horrors of isolation and untold privation, with the impending fear of the possible failure of the relief column, making the situation a desperate one, and thank the God of Battles for this deliverance. . . .

FLEET OF SAILING-VESSELS DECORATED FOR THE RELIEF OF LADYSMITH





The town is gayly decorated, to-day is declared a general holiday, and to-morrow is to be observed as a day of thanksgiving and special demonstration. Rain falling heavily this evening spoiled the effect of the fireworks and illuminations, that would otherwise have been most brilliant. Yesterday closed on the final accomplishment of one of the most difficult tasks assigned to a British general during this war. All doubts are now set at rest, and nothing but *success* rings in our ears. The tremendous strain the empire has been under is now partially relieved, and anxiety is turned into joy.

*Friday, March 2.*—Fifty-three patients came on board to-day.

*Saturday, March 3.*—Four sick officers arrived to-day. A regatta was held this afternoon in the harbor. On Captain Stone's invitation, Sister Sara, Captain Sandbach, and myself watched it from the ship's launch. We also cruised around.

*Sunday, March 4.*—Service was held on deck this morning, the Bishop of Pretoria officiating. Sir Walter Hely Hutchinson, Governor of Natal, and Captain Percy Scott, of H. M. S. *Terrible*, were on board to lunch, afterwards visiting the wards. Mr. Winston Churchill also spent the day on board.

*Wednesday, March 7.*—Twenty-eight men returned to duty this morning. An officer who inspected them before departure declared them to be "A fit lot of men." It is a great satisfaction to know that the time they have spent on board the *Maine* has been beneficial.

Two "sisters" (nursing) attached to the hospital train sent out by H. R. H. Princess Christian visited our hospital to-day. One of the "sisters" had visited the ship when in the West Indian Dock, London, and after her visit to-day she expressed herself as highly pleased with the improved appearance of the ship, and acknowledged a feeling of disappointment on her first visit, which was under other conditions and in another clime.

*Thursday, March 8.*—The crew belonging to H. M. S. *Powerful*, who have been besieged in Ladysmith, arrived in Durban to-day. In the early stages of the war they had brought the naval guns to bear upon the enemy, and shared later the fate of the besieged. Great demonstrations were made in their honor, a procession accompanying them from train to ship, where they embarked to join their comrades. Weary, worn, and hunger-stamped, they pass before my mind's eye, a silent procession.

Captain Bentineck, an invalided officer, gave me some interesting details regarding the army "sisters," their usefulness, requirements, and existing conditions, the same ground on which we trod during the Spanish-American War.

This has been the hottest day we have had, and the night bids fair to rival it.

*Friday, March 9.*—The night was extremely hot. To-day three wounded officers arrived. Concert on board this afternoon. Preparations are being made to leave Durban, whether to return to England or merely to take patients to Cape Town has not yet been decided.

*March 17.*—After several days of work, above-deck and below, both fore and aft, in cabin and in wards, we left Durban, Natal, with one hundred and sixty-five patients on board. Many exchanges had been made previous to our sailing, as only what were considered disabled men, or men invalided home, were assigned to our ship. Great demonstrations were made in our honor on our departure by the vessels in the harbor as we moved slowly through the Inner to the Outer Anchorage, where H. M. S. *Terrible* was manned and many hearty cheers were given for "*The American hospital ship Maine.*"

One of the East Indian transports heaved her anchor, steamed across our bow and around us, giving the final send-off.

(To be continued.)

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## THE EVOLUTION OF THE TRAINED NURSE \*

By E. D. FERGUSON, M.D.

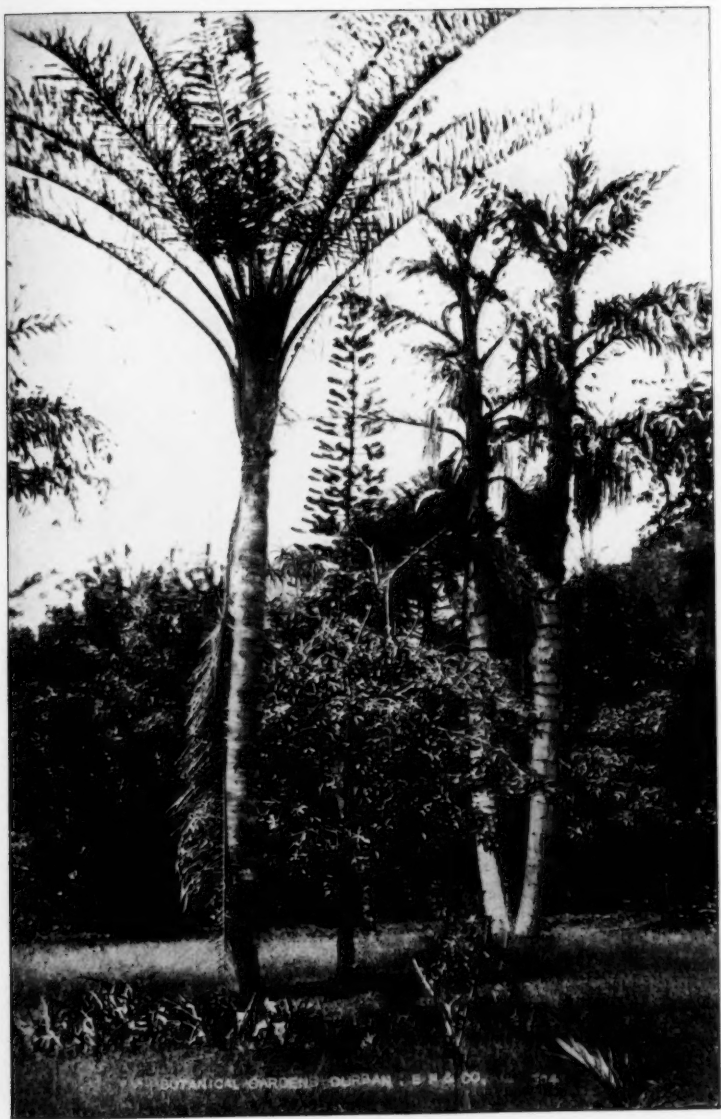
Surgeon to the Samaritan Hospital, Troy, New York

(Concluded)

FLORENCE NIGHTINGALE derived her baptismal name from the fact of her birth in Florence, which occurred in 1820. Her early life was that of the English girl born into a comfortable home. She followed the methods of education and had the advantages of travel appropriate to her time and class, but much of her girlhood was passed where her walks and drives must have brought to her attention the many hardships incident to the lives of the very poor. It was fortunate for humanity at large that the bent of her mind was in the direction of the practical consideration of the problems constantly presented in her daily life.

It is quite probable that several cases of serious illness in her family may have determined the special course which she would pursue, but in whatever way it came about, she finally concluded to give her attention to hospital nursing, so that early in her womanhood we find her visiting

\* Address delivered at the opening of the Nurses' Home of the Samaritan Hospital, Troy, New York.



VICTORIA PALM, BOTANICAL GARDENS, DURBAN, NATAL, SOUTH AFRICA





the hospitals in the vicinity of her home and carefully investigating their plan of organization, the methods of discipline, and the scope of the work done.

Afterwards she went to London, and doubtless through social advantages was able to continue her investigations in that large field, but it is quite probable that her meeting with Elizabeth Fry, who was then by age barred from active duty, may have aided in giving practical direction to her efforts.

It was manifest that she must master her subject as John Howard had done his, so, after giving several months to the study of the conditions in the London hospitals, she passed over to the Continent to examine the means and methods in use there. In doing this she found in Roman Catholic countries the Sisters of St. Vincent de Paul doing their nursing work among the poor, and in Germany the revived order of deaconesses moving to their duties under the direction of Pastor Fliedner.

Though in many ways this service was found by her to be an improvement on what she had seen in England, still, being directed by an ecclesiastical spirit, its best development did not seem to be fostered, and in particular, since it was practically limited to the poor, it failed to offer to the middle and wealthy classes an opportunity for help which would be just as precious in time of need.

After pursuing her journey of investigation and study for some time, she concluded that the best plan for training was to be found at Kaiserwerth, where she went and offered herself as a pupil to Pastor Fliedner.

We may readily conceive the doubts that came into the blunt pastor's mind when he learned the wish of this slender English girl, who had been born and reared in a manner so different from that which had fallen to the pupils he found in his village school, for even he had not yet conceived the full measure of the upbuilding and broadening that was possible in the field of nursing.

He is represented to have dissuaded her at first by telling her of the rigid discipline, the unpleasant duties, and the hard work incident to the course of training, but, finding she was determined, he is represented to have told her with full German bluntness that if she insisted she should begin her duties then by scrubbing the floor, a service she at once performed.

The pastor must have soon perceived that she was no common pupil, and we may readily comprehend that while she gathered much from him and his methods, she could and did influence him and his class of nurses.

Twice she spent several months at Kaiserwerth, doing duty each time as one of the pupils of the school, but more particularly studying the methods of teaching and the scheme of organization.

Her last service there was in 1849, when she entered as a voluntary nurse and had better opportunity to study practically the methods pursued in the care of different diseases and the discipline of the school under the practical and common-sense matronship of Madame Fliedner.

She gave particular attention in her travels to the methods of construction and ventilation of hospitals, and the practical ideas resulting from this study will bear scrutiny by the light of recent knowledge and experience.

The career she was then pursuing was, of course, known to many prominent people in England, but it was naturally regarded as the vagary of an enthusiast with little to recommend it and with much to condemn, for why should she, born to the benefits of a perfected social organization, seek to do the work that belonged to others?

When, after her studies and labors, she returned to England she learned that one of the most difficult tasks is to break in on the traditions of a conservative people and set the wheels of change in motion, and as she was without a desire to promote her own reputation, she accepted the necessity for rest, and went to her home in the country to wait for indications as to her future course. Not being able to break the crust of organization and tradition connected with the hospitals, she finally went to London and looked about for some avenue of work.

She there found a sanatorium established for sick women of the governess class, and into this she entered, bringing method to its plans and efficiency in its work, so that an object-lesson was created. The labor incident to this venture resulted in a break of her health that drove her to Florence for rest, but she had improved an opportunity for an object-lesson, and many had seen the benefits of better methods. After her rest in Florence she went back to her own home to bide the time when she could do and serve.

The Crimean War had broken out, and the forces of England, France, and Turkey on one hand and Russia on the other were waging battle on the shores of the Black Sea.

The horrors of war were aggravated by the terrors and sufferings of pestilence, and from the distant scenes of conflict came messages of the dire effects of disease, which latter exceeded in invalidism and death the wounds and injuries of battle.

Howard Russell, then the war correspondent of the *London Times*, an innovation in newspaper work, wrote of the gruesome state of affairs,

where men died without the least effort being made to save them, and "the sick appear to be treated by the sick and the dying by the dying."

The hospital administration had broken down, probably then, as in our own recent experience, by the failure of the men of Mars and the government authorities to realize the importance of protecting the health of the soldiers, or that one case of fever in camp is often a greater menace to an army than a divisional increase of the forces of the enemy.

Russell wrote an appeal for nurses and stores for the sick in the *London Times* after telling of the terrible state of the troops at the front and in Scutari, which was the seat of the base hospital. England was stirred to its most profound depths, and in one day the *Times* received two thousand pounds towards the financial element of relief, Sir Robert Peel sending two hundred pounds. Miss Nightingale was at her Derbyshire home when the appeal was made by Russell in the *Times*, and at once she decided on her course. Only a fortnight after the battle of Alma she wrote to the Minister of War offering to go as a nurse to the army. But the time and conditions for her work had come, so that as she was writing her tender of service a request to her was being written in the War Office that she take charge of the organization and equipment of a force of nurses to go to the seat of war.

It was a long letter she received, was in the nature of an appeal to her to accept, and placed at her disposal the earnest assistance and whole power of the War Office. Never before or since has such a government commission been offered a woman, but never before or since have the conditions been duplicated. It is evident that Mr. Sidney Herbert had risen to the emergency, and that he knew and had faith in Florence Nightingale. . . .

The training of nurses had begun in England, not in the way now pursued, but still a start had been made, and she was not obliged to rely on absolutely raw material. The first suggestion of aid had come to Mr. Herbert from Lady Maria Forrester, who became active in the undertaking, even at first contemplating going with the nurses, but she was helpful throughout.

The Roman Catholic Bishop of London gave his support to the enterprise, so that one valuable source of recruiting was opened.

On October 15 she must have received her summons, and on October 21, *i.e.*, in six days, she had completed her band of thirty-eight nurses, and the War Office announced her departure that evening for the seat of war.

As "society" had taken an interest in the affair the whole world knew of her mission, so that when the expedition reached Boulogne the fisherwomen insisted on acting as porters for the luggage of the "Eng-

lish Sisters" who were going to the East to care for the sick sons and husbands of the French as well as the English mothers and wives. The white light of publicity was turned upon the little band, so that either a great success or a serious failure must result from the mission. On November 5, 1854, they arrived at Scutari, the Asiatic suburb of Constantinople, where had been established the base hospital of the Allies.

The battle of Alma had been the exciting cause of the call for those nurses, and the battle of Inkerman occurred on the day of their landing at Scutari, so that soon they found work among the six hundred wounded brought from the front. They of necessity had to encounter the prejudice against women nurses for male patients, and in particular the prejudice against women nurses in army service in time of war, an innovation little short of heresy and ungodliness in the eyes of a conservative English surgeon; but the work done by this band of only partly drilled nurses under the guidance of so competent, earnest, and enthusiastic a leader as Miss Nightingale soon overcame all sentimentality and even boorish opposition, while with the English soldier the idea of not only English women but even English ladies coming out to nurse them went deep into their hearts.

Her thorough drilling and discipline at Kaiserwerth now served Miss Nightingale well, for though she was virtually supreme in all matters pertaining to nursing, she knew well the necessity for coöperative as well as coördinate work, and she was careful that the nursing should never interfere with the surgical and medical supervision, whatever her own views might be in cases of individual illness. In this way a cordial relation soon existed, and her great work was well under way, though it was late in December before all opposition was overcome and she was regularly installed as the recognized head of the nursing department of all the army hospitals.

This concession from the local medical authorities must, in view of the conservatism of the English profession, be regarded as won by the splendid work done in the care of the sick and wounded.

Tact, that essential qualification in a nurse, was one of the gifts with which nature had endowed Miss Nightingale, and she had cultivated it, so that now with her technical training she was able to demonstrate not only the usefulness of skilled nursing, but its absolute necessity to secure the best medical results.

With the funds at her command diet kitchens were established, food adapted to the needs of the sick was furnished, dressings were prepared, while bedding, wine, brandy, and even medicines could be furnished by her without the red tape and fatal delays incident to the filling of an ordinary army hospital order.

She was untiring in her attention to duty and detail, watchful of every interest and need of the sick, and, let us hope, not unmindful of the fact that success or failure now would work for good or ill on the future of trained nursing as a vocation and as an instrument for usefulness in a much larger field.

One of the early titles given her by the soldiers is suggestive of her energy and watchfulness of the wants and needs of the sick, for her frequent rounds of the hospital at night led them to call her the "Lady with the Lamp."

In spite of all the work incident to organization and supervision she gave much time to individual cases, and in many instances the message of returning health or the last words to the loved ones at home were written by the hand of Florence Nightingale.

Let every pupil in training and every graduate nurse take heed that their broader usefulness can only come when they grasp fully the conditions that belong to the sick-room, conditions constantly changing and never met by the mere administration of drugs or giving of a bath. To grasp the whole situation and meet it without obtrusiveness or sentimental nonsense is the gift of woman more than man, but among women the gift varies and is susceptible of cultivation.

To tell the tale of her nursing and sanitary work in that unpromising field is not the purpose of this paper. How she won the victory for trained nursing in the army and at home in spite of the carping of fools and prudes, both male and female, would take too much time, full though it might be of value and dramatic interest.

To her first band of thirty-eight was added a second contingent of forty-seven, so that she could extend and divide her work, but cholera and fever came to do their fell work among soldiers and nurses. We will not follow her in the various stations where nursing was under her direction, from Smyrna to Sebastopol, or dwell on her own illness, from which it seemed hardly possible for her to recover. Let it be sufficient in summing up to say that she overcame every obstacle, a result that could not have been accomplished with all the aid given her by the War Office and the English public without trained knowledge, womanly tact, and heroic devotion to her mission.

She remained at her post to the last, and then, to avoid the ovation that was known to await her arrival, she travelled under an assumed name and reached her home as quietly as she had left it, over two years before. But the phlegmatic Englishman had been stirred on his best side, and it was determined that if no greeting in London at the Guildhall in quaint official robes could be given her, in some way her work should be recognized.



To us the giving of medals is only beginning to have a significance, so that we can hardly understand the full meaning of the gift by the Queen of a jewel designed by the Prince Consort of appropriate form, material, and symbolism, but the people arranged that a sum of fifty thousand pounds should in some way mark her work.

Though she became an invalid after her return, she was able to direct the use of this money, and arranged that a wing of St. Thomas's Hospital be made a place for the training of nurses, and there was founded the "Nightingale Home," which is a part of that imposing structure so familiar to those who have occasion to cross the London bridges.

Florence Nightingale still lives. The evolution of the nurse is incomplete. Every year beautiful homes are erected for her comfort and greater care is taken with her instruction and training. There is no sex in good works, and men and women alike are quietly, steadily, and efficiently working that her development may continue.

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### BALTIMORE'S WORK IN TUBERCULOSIS

By RUTH BREWSTER SHERMAN

Johns Hopkins Training-School for Nurses

DURING the past few years large numbers of tuberculous persons have applied for treatment to the dispensary of the Johns Hopkins Hospital whose admission to the wards was obviously unwise, and who, after a single visit, never returned, and so were lost sight of. To any thinking person these people, poor, ill, and ignorant as they usually are, are objects not only of pity but of very lively interest, as being the breeders and conveyers of our commonest fatal infection, and the centre, each one, of a veritable circle of danger in his own household and neighborhood,—often, indeed, by reason of the necessity of still carrying on their occupation, in spite of illness, to people far outside his immediate vicinity.

To Dr. Osler, the medical chief of the hospital, the necessity for putting some limit to this danger seemed imperative, and in 1900 he appointed from the third-year class of the Medical School a student whose duty it was to follow and visit in their homes all consumptives who came to the dispensary. Saturday afternoons, Sundays, and holidays were practically all the time she could give to the work, but the results of her months of effort are most satisfactory. Trouble has often been met in finding patients, many of them giving false addresses, the



Russians and Hebrews being usually suspicious of interference and averse to instruction; but she has succeeded in visiting one hundred and ninety patients in their homes, seeing them at their daily work, observing their habits and surroundings, and in each case instructing the invalids and their families in the essentials of disinfection and the means of limiting the spread of the disease.

She has found the consumptives in meat-shops and small dairies, in bakeries and cracker stores, where with every touch of their soiled hands they were certainly sending out tubercle bacilli on their wares. In their homes she found them sewing, weaving, cooking for sale, cobbling, etc., and leaving their sputum often upon the articles for sale, always about the room and on all surrounding objects. Bedridden invalids she found lying on couches in the family living-room or by the kitchen fire in the midst of conditions which ranged from ordinary carelessness to indescribable filth. Often her patients moved from place to place, leaving the infected homes to be occupied, uncleansed, by newcomers,—the one hundred and ninety persons visited did actually, while under observation, occupy two hundred and thirty-four houses, undoubtedly leaving each one a hot-bed of disease.

Very few of these people knew of the possibility of imparting their disorder, while those who did lived, with their families, in the constant fear of such a result, without in the least knowing how to prevent it. Excepting the Russians, whites and blacks alike, and almost universally, gratefully received advice and warning and tried to follow instructions. The "doctor lady," impressing always the fact that the sputum is the source of danger, has taught them to collect and destroy the sputum, scrub their floors, use disinfectant solutions, admit light and air, boil the patients' dishes and other articles, and follow what personal hygiene is possible; wisely, however, in houses where there was opposition or where the conditions made much improvement impracticable, she did not antagonize or discourage the family by insisting on too many reforms. Printed circulars from the dispensary containing simple instructions and directions on tuberculosis were often left with the patient.\* Always, when the dreaded name "consumption" had not already been attached to the disease, she has avoided giving it, if without it the patient thoroughly felt himself a menace to others.

Lack of time made it impossible to follow up these cases, but whenever revisiting of the homes was accomplished, some improvement of conditions and a definite effort to follow directions have nearly always been found. Houses are cleaner, sputum is being properly collected and destroyed, dishes are being boiled, and in an encouraging number

\* Printed dispensary circular entire.

of instances the patient has been moved to a lighter, better-ventilated room, and sleeps alone.

This year the work is undertaken with new courage and energy. Another student, also a woman, has begun the visits, while a doctor in the dispensary is charged with investigating the addresses given to avoid loss of time in finding the patients. It is hoped that Baltimore can soon favorably compare results with New York in the decreased death-rate from tuberculosis.\*

This house-to-house visiting by the students is only one, though certainly the most practical, manifestation of the work of medical men and women in Baltimore to control this enemy at our door. Many doctors are investigating the worst infected areas in the city,† and the addresses made at the monthly meetings of the Society for the Study of Tuberculosis treat the subject from every point.‡ The students' work, however, is of most interest to nurses, as being exactly what we ourselves might do, and what we believe many nurses would be glad to do if the opportunity were given them. Such an opportunity of any definite nature exists nowhere at present, so far as we know, though undoubtedly the district and visiting nurses are able in the course of their general duties to perform a large amount of useful work in this direction. This, however, cannot be compared in usefulness with the work which might be accomplished were it possible to make provision for one or more nurses to carry on this special work regularly and systematically. In this day, while gifts for various philanthropic purposes are many, and while hospitals are not only built and maintained, but libraries and laboratories are added and costly apparatus supplied for the purpose of investigating disease in order to fight it more effectually, it seems reasonable to assume that some effort ought to be made to apply as fully and practically as possible that knowledge which we have already obtained.

If in Baltimore one young student, whose time was already nearly filled with exacting studies and duties, could accomplish so much, might not the results accomplished by another woman, equally earnest and conscientious, who could give her whole time, be proportionately greater? We think this idea might be carried out in various ways.

By a special fund providing for the maintenance of this particular work in connection with that of the visiting nurse, one or more nurses might be added to the regular staff, whose whole time would be devoted

\* Statistics, Board of Health of New York City.

† "The Tuberculous Areas of Baltimore," by Dr. H. W. Buckler, in the *Johns Hopkins Hospital Bulletin*, July, 1901.

‡ *The Philadelphia Medical Journal*, special number on "Tuberculosis," December 1, 1900.

to this special object,—that is, the prevention of the spread of tuberculosis by such measures as have been already outlined. This work might also be carried on in some instances through the regular nursing-staff of a hospital. The latter idea finds expression already in some institutions, as, for instance, in the Children's Hospital, Boston, where one nurse is set apart for visiting the homes of the recently discharged children and giving them the necessary supervision, care, and instruction in their own homes as a continuation of the hospital treatment. Established not precisely for the same purpose, but somewhat similar in its effect, is the work of the outside obstetric nurse in the Johns Hopkins Hospital.

It is our belief, however, that by far the most effective method would be one which should place a nurse in this particular field of work under the auspices of the Board of Health. She might even be a member of that body (as is the case now in a few cities), and authorized to look after this part of its general work in safeguarding the health of the community. For many reasons we believe that a thoroughly well-trained, practical nurse would be a valuable addition to any Board of Health, but this especially important work can only be carried on efficiently when performed by someone who is able to utilize to the utmost existing powers and facilities for the prevention of the spread of disease, and who is supported by some recognized authority.

#### DISPENSARY CIRCULAR OF JOHNS HOPKINS HOSPITAL

##### DIRECTIONS TO PATIENTS SUFFERING FROM TUBERCULOSIS.

Tuberculosis is a disease caused by the growth of very small living germs in various parts of the body. The organ most frequently diseased is the lung. The mucus or spittle coming from such a lung may contain millions of living germs and may therefore be a source of danger to other people and also to the patient if not carefully disposed of.

One careless person may be the cause of the disease being given to many others. If the mucus is expectorated in improper places it may dry and become dust, and when blown about in the air it may be inhaled by healthy persons, who become infected by the disease-germs contained in the dust.

##### PRECAUTIONS ABOUT EXPECTORATION, CARE OF ROOMS, DISHES, ETC.

1. Cover the mouth when coughing with the hand or with a handkerchief.
2. Never spit about the streets, on the floor, into the fireplace, or into any vessel unless it contains a disinfectant solution.
3. When indoors always spit into a cup or spittoon containing a disinfectant solution, such as carbolic acid one part, water twenty parts, or washing soda dissolved in water (as much soda as the water will dissolve). Use plenty of the disinfectant solution.
4. Empty the cup or spittoon once a day at least into the water-closet,

never upon a dust heap. After emptying, wash the vessel well with boiling water and add fresh disinfectant.

5. When out-of-doors spit into pieces of paper or pieces of old linen, and carefully burn the soiled pieces when you return to the house. If handkerchiefs are used, place them when soiled in one of the disinfectant solutions, and after soaking have them boiled for ten minutes before being washed with other clothes.

6. Do not swallow the expectoration, as by so doing other organs of the body may become diseased.

7. Kissing on the lips should be avoided, as germs may be conveyed thus from one person to another.

8. All dishes used by the patient in eating should be boiled five minutes. It is better for the patient to have his own dishes.

9. Bed-linen, towels, etc., used by the patient should be boiled by themselves.

10. Very intimate association with a patient who has lung disease should be avoided. On no account should another person share the same bed; if possible, the patient should have a bedroom to himself.

11. Rooms should be kept clean and well aired. Allow as much sunlight in them as possible; the germs cannot live long in bright sunshine. When sweeping or dusting always use a damp broom or cloth and avoid as much as possible creating a dust. Dust-cloths should be boiled.

12. Rooms which have been occupied by those who have a chronic cough should be well cleaned and painted or whitewashed before being occupied by other people. The walls and floors should be well scrubbed with strong solutions of soda (one pound of washing soda to six gallons of water) or lye and the ceilings whitewashed. The walls then may be repapered or painted.

#### CARE OF PERSONAL HEALTH.

1. Live in the fresh air constantly; do not be afraid of cold or damp weather. Be outside all the sunny hours of the day.

2. Avoid overheated and ill-ventilated rooms. Keep the windows of your bedroom open all night. If you avoid a draught of air, you need not fear the cold.

3. Do not overclothe yourself; wear woollen garments next the skin, but do not wear more clothes than healthy people wear.

4. A cold sponge-bath every morning will make you less liable to take cold.

5. Drink much milk and eat as much as possible, even if you do not care to. Milk should be boiled before use.



**EXTRACTS FROM THE REPORT OF THE TENEMENT-HOUSE COMMISSION, NEW YORK, 1901**

(By permission)

(Concluded)

As has been stated, the greatest evil of the present day is the lack of light and air, and it is in the new type of building which is being erected at the present time that this evil is especially felt. As a result of this lack of light and air, we find that the dread disease, pulmonary tuberculosis, has become practically epidemic in this city. The testimony taken before the Tenement-House Commission at its public hearings, in which leading physicians and specialists upon this subject testified, shows that there are over eight thousand deaths a year in New York City due to this disease alone; that there are at least twenty thousand cases of well-developed and recognized pulmonary tuberculosis in the city, and, in addition, a large number of obscure or incipient cases. The connection between this disease and the character of the tenement-houses in which the poor people live is of the very closest.

The work of the committee of 1865 was due in large part to the epidemics of typhus fever, small-pox, and similar diseases existing at that time, caused largely by the unsanitary condition of the tenement-houses.

The chief problem of that time was to do away with filth and provide tenement-houses with proper sanitary conveniences. To-day the problem is different. There are no longer epidemics of typhus and typhoid fever in this city, although recent developments have shown how easy it is for a disease like small-pox to find a foothold in the tenements despite the watchful and efficient measures of the Board of Health. There exists at the present time, however, a much more serious epidemic, caused by the peculiar evils of the tenement-houses at the present time—pulmonary tuberculosis.

It was the testimony of all the physicians who testified before the Tenement-House Commission that the conditions in the tenement-houses were directly responsible for the tremendous extent and spread of this contagious disease, and that the first and most important step to be taken to check it was the improvement of the tenement-house, especially with regard to light and air.

Bearing these facts in mind, it becomes evident that the present type of "air-shaft" must be done away with in all future tenement-houses. Practically all the witnesses who testified before the commission united in the opinion that the "air-shaft" was the most serious

evil of the present tenement-house. This testimony came from people who live in tenement-houses; from settlement and charity workers living in tenement districts; from physicians; from tenement-house owners; and from every one who has had any knowledge or experience of this subject. One of the witnesses said that the "air-shaft" should not be called an air-shaft, but should be called "a foul-air shaft," and we find that it has even been designated as "a culture-tube on a gigantic scale." The objections to the "air-shaft" are that, owing to its narrowness and height, it cannot possibly afford light to the rooms, but only semi-darkness; that, owing to the same narrowness and height, and also to the fact that it is generally enclosed on four sides, it is impossible for it to furnish fresh air to the rooms, but, instead, it simply becomes a stagnant well of foul air emptied from each one of the sixty rooms opening upon it. Many persons testified that the air from these shafts was so foul and the odors so vile that they had to close the windows opening into them, and in some cases the windows were permanently nailed up for this reason. Moreover, the tenants often use the "air-shaft" as a receptacle for garbage and all sorts of refuse and indescribable filth thrown out of the windows, and this mass of filth is often allowed to remain, rotting at the bottom of the shaft for weeks without being cleaned out. From other points of view than that of light and air the "air-shaft" stands condemned. It serves as a conveyer of smells and noise and is one of the greatest elements in destroying privacy in the tenement-house. Through it one hears the sounds that occur in the rooms of every other family in the building, and often in these narrow shafts the windows of one apartment look directly into the windows of another apartment not more than five feet away. Privacy under such conditions is not only difficult, but impossible. The attention of the commission has been called to the fact that these conditions have led in numerous cases to grave immorality.

From the point of view of danger from fire the "air-shaft" is equally objectionable. The fire-department for years has protested against it as one of the most serious evils with which it has to contend in fighting tenement-house fires.

From the investigation of the way in which fire spreads through tenement-houses made by this commission, embracing all tenement-house fires occurring during the past two years and a half in this city, we find that twenty-six per cent., or over one-fourth of all the fires, spread by means of the "air-shaft." It is not at all surprising that this should be the case, because such a shaft in case of fire must necessarily become nothing more than a tremendous flue.

The commission therefore recommends that such narrow "air-shafts" be absolutely prohibited in all future tenement-houses, and that



proper courts sufficiently large to secure adequate light and ventilation to all rooms be required. . . .

The intimate relation and connection of tuberculosis with the evils of the tenement-house system has been already alluded to. As has been stated by Dr. Biggs and Dr. Guerard, in the special papers prepared by them upon this subject, the first step in meeting this problem will be the improvement of the conditions of the houses in which the poor people of this city live. It is apparent, however, that many other things ought to be done to wipe out this disease, which carries off so large a proportion of the population. The Board of Health should organize a system of inspection of the rooms of all tuberculous patients and should see that they are properly disinfected after a death from this cause, and also that whenever a tuberculous patient is moved out of a tenement-house the rooms should be disinfected. Proper hospitals and sanatoria for persons in both the incipient and advanced stages of this disease should be provided in adequate number. . . .

Tenement-house labor is generally carried on in the dwelling-room of the family, where old and young are crowded in with the workers. The danger of contagion when any member of the family is ill, therefore, is very great. A member of the commission has seen garments piled on the floor in the midst of dirt and rubbish, garments stacked on the bed, and some of them used as pillows for sick children, and in one instance garments were found stored in the same room with a sick man apparently in an advanced stage of tuberculosis. Such conditions the commission regards as a serious menace to public health. It believes that manufacturing cannot be continued in the tenement-houses with safety to the general public except at great expense in the way of investigation and supervision, in view of the immense amount of labor at present carried on in tenement-houses. The commission does not, however, feel warranted in recommending the absolute abolition of tenement-house labor. It recommends the amendment of Chapter 191 of the "Laws of 1899" by the insertion of a proviso that no license shall be issued for any room in a tenement-house containing less than twelve hundred and fifty cubic feet of air, or used for the purpose of cooking, eating, or sleeping, for children, or otherwise than as a workshop. This recommendation regarding the size of the room in which labor should be allowed is based upon its knowledge of the constant use by all the members of the family of any room connected with a living apartment. It is also based upon the universally accepted fact that the average tenement-house family consists of five members, though undoubtedly in frequent instances the boarders taken by such families make the average size higher. Among the Italian garment-workers it has been frequently found that two and even three families, making a total of from ten



to fifteen individuals, occupy a single apartment. But, taking the conservative estimate and applying the provision of the law that a workshop must have at least two hundred and fifty feet of cubic space for each worker, your commission believes that twelve hundred and fifty feet should be required as the minimum size of any workroom in a tenement-house, because experience has shown that an average of not less than five persons will use the room for a greater or less part of the day.

This requirement of space seems especially important in view of the disposition of builders to make the living-room of the family constantly smaller and smaller.

The commission also recommends an increase in the force of the Factory Inspector's Department to enable him to adequately enforce the law in tenement-houses. . . .

Until there is an adequate corps of sanitary inspectors to inspect the lower grade of tenement-houses thoroughly at least once a month, there is little hope that the evils of the existing tenement-houses will be remedied. The value of such an inspection cannot be overestimated. The report of the inspector employed by the commission shows that his mere presence in buildings, without giving any orders, or without any legal proceedings being brought, was of the most beneficial effect, and that it had a salutary moral influence in remedying bad conditions. If this is so in the case of one man attempting to use no authority, it is not difficult to conceive what results could be accomplished if a systematic, thorough, and frequent inspection of the tenements were made. . . . The fact that the Health Department no longer makes inspections on its own initiative, but does most of its work on complaint of citizens, shows that a radical change is imperative. It should not be necessary for any considerable number of such complaints to be filed. There should be systematic, regular, thorough, and adequate inspection of all the tenement-houses in this city at all times. If such inspection were carried on, the greater part of the tenement-house evils would be remedied without the necessity for the filing of complaints, or for taking legal proceedings, or for the issuance of the numerous "orders" that are now issued by the Department of Health. To any one of experience in sanitary affairs, it is obvious that if such inspection is properly carried out the sanitary evils will very greatly diminish. It has been the history of Glasgow and other well-administered municipalities. In Glasgow there are one hundred and fifty sanitary inspectors and in London about two hundred and thirty. While the commission appreciates that a large force means additional outlay by the city, it believes that any sum of money likely to be spent for this work would be a paying investment both to the city and the State.

# PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF  
ISABEL MCISAAC



## THE MANAGEMENT OF BLENORRHOEA NEONATORUM, WITH ESPECIAL REFERENCE TO THE DUTIES OF THE NURSE

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THE treatment of purulent conjunctivitis of the new-born should begin with intelligent efforts at prophylaxis in all cases where a competent person is in attendance at the delivery. As the cause of the disease is known to be a specific microorganism from a contaminated birth-canal, our first duty is plain. We must in all cases ascertain if there is a history or evidence of a vaginal discharge, and, if so, take no chances as to its being sterile and innocuous. As there is no efficient germicide which can be used in sufficient quantities to surely and safely destroy all microorganisms in an infected vagina, we must place our dependence, so far as the birth-canal is concerned, upon thorough mechanical cleansing of the parts, preferably with a copious alkaline douche, which will dissolve and wash away all infected mucus. From the stand-point of the obstetrician, the earlier this is done the better, in order that time may elapse for the secretion of a new supply of mucus for the lubrication of the birth-canal. An efficient and harmless solution, which will also be unirritating if it should get into the baby's eyes, is a three per cent. solution of sodium biborate (common borax), or a two per cent. solution of sodium carbonate (sal soda), sterilized by boiling. There is no chemical disinfectant which can be used in sufficient strength to do any good that will not irritate the eye.

In all cases, as soon as the head has escaped from the vulva the nurse should have ready one of the above solutions or a warm solu-

tion of boric acid or common salt, and as soon as possible the face of the child should be carefully bathed and the eyes thoroughly flushed out. In an infected case no time is to be lost, and if there is a delay in the delivery of the shoulders or in the tying of the cord, the time cannot be better spent than in giving attention to this matter. In at least one large lying-in hospital the percentage of cases of this disease has been reduced to an insignificant point simply by the use of warm sterile water for cleansing the lids and conjunctival sac immediately after birth.

For more than a century the nitrate of silver has been used in the treatment of conjunctivitis in all its forms, and for half a century strong solutions of this salt have been our main reliance in the treatment of purulent conjunctivitis of the new-born. For many years this remedy has also been used to neutralize the poison in cases of accidental infection of a healthy eye by a drop of pus from an inflamed one. In 1882 Professor Credé, of Leipsic, proposed the method of prophylaxis in blenorrhœa neonatorum which bears his name, and which is still in very general use in the large lying-in hospitals of the world. He recommended the routine use of a two per cent. solution of nitrate of silver dropped into the baby's eyes immediately after birth, and the practice of his method in European institutions has resulted in reducing the number of cases of this disease very much. In round numbers, one in ten of the babies born in public institutions before the introduction of this method were afflicted; at present the number is not more than one in five hundred in institutions where the method is thoroughly carried out. It seems to us unwise to recommend so severe a measure as a routine practice, for the reason that a number of cases have been reported in which more or less irritation has developed as a direct consequence of such applications. In the presence, however, of obvious infection there can be no objection to this practice.

Within the past two or three years protargol, an organic salt of silver more penetrating but less caustic than nitrate of silver, has been demonstrated to be quite as efficient in the treatment of the disease under discussion. So far no unpleasant results from the use of protargol have been reported. It is, therefore, perfectly safe to use a ten or twenty per cent. solution of this drug as a prophylactic in all suspected cases as soon as possible after the eyes of the baby have been properly cleansed.

If in spite of all precautions the disease develops, it will be manifested, as a rule, from three to five days after birth by redness of the eye and a slight discharge. It is the duty of the nurse, as well as of the accoucheur, to examine the eyes of the new-born baby each day during

the lying-in period, and at the first sign of trouble, if discovered by the nurse, the attention of the physician should be directed to the matter. During the first two or three days after the disease begins there is usually little or no pus present and comparatively little swelling of the lids, except in the most violent cases. During this so-called first stage the treatment should be that of an ordinary acute catarrhal conjunctivitis,—viz., iced compresses applied for an hour twice a day if the baby is well and strong, gentle flushing of the conjunctival sac with a warm, saturated solution of boric acid or permanganate of potassium, 1 to 2,000, and the application once a day of one or two drops of a ten per cent. solution of protargol. Nitrate of silver should not be used during the first stage of this disease, and in our experience the bichloride of mercury is decidedly irritating. As soon as pus begins to form, the eyes must be cleansed more frequently,—every hour during the day and every two hours during the night,—and the edges of the lids should be kept constantly anointed with sterile vaseline to prevent their agglutination and the retention of the discharge. Drainage is indicated whenever there is suppuration, and if we can prevent the sticking together of the lids in this way, we allow free drainage and reduce the irritation which invariably results from retention of the discharges in these cases. At this time we may also increase the strength of the protargol solution from ten to twenty per cent., and if the application of this solution does not reduce the amount of pus formation after two or three days, it may be used twice each day. It goes without saying that the eyes must first be thoroughly cleansed by gentle irrigation with the boric or permanganate solution before the protargol is applied.

In all cases it will be noticed that after the discharge has been washed away from the everted lids there are strings or shreds of mucus in the folds of the conjunctiva. The nurse should endeavor at each cleansing to wash them out by continuous flushing and gentle manipulation of the lids. If she does not succeed in keeping the eyes free from these shreds, the physician should remove them at least once a day by very careful manipulation with a soft, brush-like swab, made by twisting a bit of sterile cotton on the end of a wooden toothpick. Great care must be used in this procedure, for the inflamed conjunctiva is easily abraded, and each break in its surface affords a new avenue for deeper infection.

If the conjunctiva of the globe becomes swollen and edematous and rolls up over the edge of the cornea, the nutrition of this precious membrane becomes threatened, and inflammation of the cornea, with ulceration or sloughing, is the cause of the blindness which follows this

disease. It is, therefore, necessary to examine carefully the condition of the cornea each day, and at the slightest indication of haziness of its surface the iced compresses should be discontinued and hot fomentations resorted to. They may be applied every three hours for fifteen minutes each time. Great care and judgment are necessary in order that the heat be sufficient to be effective without burning the delicate skin of the lids, and that it be continuous. The compresses should be changed at least every sixty seconds during their application. When the cornea becomes ulcerated, great care must be used in the manipulation of the lids not to make pressure upon the eyeball for fear of causing perforation. If the lids are slippery from the presence of vaseline or discharge, a single thickness of gauze or a little cotton held between the finger and the lid will be found a great help in opening the eye. Free radiating incisions in the overlapping conjunctiva are indicated in threatened strangulation of the vessels at the margin of the cornea. Atropine should be used in all cases where the cornea is involved in the inflammation; one drop of a half per cent. solution every three hours is usually sufficient.

In the very exceptional cases where the twenty per cent. solution of protargol does not produce the desired effect, nitrate of silver is still used in solutions varying from two to twelve per cent. and applied once a day. The application should be absolutely limited to the everted lids, and great care should be exercised that the cornea is perfectly protected, the solution completely neutralized with a normal salt solution, and all shreds of mucus washed away before the lids are allowed to close.

As the discharge of pus begins to diminish, which may not be for several weeks in bad cases, we may somewhat modify our treatment; the strong applications need not be quite so strong, and the cleansing need not be quite so frequent; but the most important item in the treatment of all these cases is the frequent, thorough cleansing of the eyes. We are absolutely opposed, however, to the quite common practice of disturbing these delicate babies every fifteen minutes or half-hour. We must not forget the baby and his general welfare in the treatment of his eyes, and if he is not allowed ample time to rest, and if he is not carefully and well nourished, his resisting power soon becomes so very much reduced that no treatment will save the eyes. It is undoubtedly true that many of these little patients are treated to death, and if the cleansing is thoroughly done as above described each hour and the lids kept constantly anointed, in order to prevent accumulation of the irritating discharge, more frequent cleansing will not be necessary. Great care must also be exercised to prevent much crying of these little patients. They must be kept warm, regularly nursed or fed, and the

slightest derangement of the alimentary canal must be attended to. If the cause of the crying cannot be ascertained and removed, it is wiser to soothe the baby with a simple anodyne than to permit the crying to go on.

For the treatment of the chronic conjunctivitis that follows the more severe acute inflammation nothing is better than a one per cent. solution of protargol applied once a day, or a half per cent. solution of zinc sulphate.

It should not be necessary to point out the danger which lies in all things which come in contact with the discharge from these eyes. The nurse must be constantly on her guard, and must form the habit of not touching her own face or the faces of her companions without first sterilizing her hands. Cotton used about the baby should be destroyed at once, and towels thoroughly boiled before being used again. It is well to put the baby in a sack closed about the neck, or to pin the sleeves down in such a way that he cannot get the hands to the face to become contaminated.

Blenorrhœa neonatorum is responsible for at least twenty-five per cent. of all the blindness in the world, and yet not one case in a hundred should result disastrously if skilfully and patiently managed. In fact, it is the very rare exception for an eye to be lost when treated by the experienced ophthalmologist from the first, with the aid of a good nurse. Without the good nurse the doctor is powerless in these cases, and her responsibility is even greater than his, because upon her constant fidelity and care really depends the sight of a fellow-creature. And what fate more terrible than to live and not to see!





# EDUCATIONAL

IN CHARGE OF  
ISABEL HAMPTON ROBB



## THE DUTIES OF THE HEAD NURSE

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THE use of the name, "head nurse," is somewhat ambiguous, sometimes implying the head or superior nurse in an institution, and again the nurse in charge of one department of that institution.

The latter meaning is the more common of the two, and it is the one to which this paper will limit itself.

In our modern hospitals the demands made upon the head nurse of a department are numerous indeed, and the woman who holds that position must be gifted with patience and trained not only in nursing, but in various other sciences. For instance, she must be capable of weighing correctly the characters of those with whom she comes in contact, and of making due allowance for each particular weakness or peculiarity. For her own sake, as she passes along, she should be able to absorb to herself lessons from these same shortcomings, or if by chance a strong individuality come in her path, of drawing strength from that character for future need.

She must be skilled in the knowledge of housekeeping, knowing to a nicety the amount of milk, tea, butter, or sugar to give the individual patient at each meal; the particular polish to be used in the cleaning of silver, copper, or brass, and the way each should be applied; the most approved style of cutting garments for men, women, and children in hospital wards; the newest method of preparing and serving each article of diet, with all the other details of keeping house.

In addition to knowing all these and many other things, she must have the art of imparting that knowledge to others, of making others as skilled as herself.

In the hospital organization which is most approved by modern authorities the head nurse of a department is responsible directly to the superintendent of nurses, who again must answer to a higher authority.



Each head nurse is responsible to the head of the nursing department for the good nursing of the patients and for the general management of the ward or other department, including the housekeeping and cleanliness, the supervision and direction of maids and orderlies, the conduct, good work, and training of the pupils, the work and department of nurses on special duty, and, in fact, of everybody and everything which may be concerned in the every-day work of the department.

So that the executive part of the institution may run smoothly, the head nurse must have demands made upon her from the executive centre, —the office,—and must be capable of some clerical work.

She has not only to manage her one department successfully, but in such a manner that it will form part of a united whole—not standing isolated by itself, but in touch with the other departments; and although in many ways it is independent, in still more ways it depends for its smallest requirements on those other departments.

A woman who would be a successful head nurse must have grasped the right idea of living; must understand thoroughly the relation in which she stands to others; must be broad-minded, generous in her judgments, susceptible to influences which elevate, but beyond the reach and incapable of being tainted by harmful ones.

She should have a strong individuality, capable of taking a stand and abiding by it, for if she have not, she, with the rest of her department, will be driven here and there and finally stranded.

The character of the head nurse puts its stamp upon the whole department and those in it. If she herself has learned the lesson of self-government, has cultivated the quality of tact and uses it, that fact is plainly manifested to the initiated by an atmosphere of peace and contentment among the patients, the nurses, the domestics.

How different from this is the moral atmosphere which strikes one on entering the ward of the self-absorbed woman. This ward is managed not on principle, but according to the feelings of the head nurse. She has a headache or is upset—the whole ward knows it. The junior nurses and probationers try to hide eyes disfigured by all degrees of redness; the patients are silent and have a distressed appearance; the maids go around on tiptoe; the doctors make rapid rounds and depart abruptly; the head of the school pays her visit and retires feeling uncomfortable and dissatisfied.

The head nurse herself does not realize, possibly may never know, the harm she is doing to herself and others, the opportunities for good which she is losing.

In our modern school for nurses the position which the graduate head nurse should hold is that of an officer of the school. At the present

stage of progress in hospital organization the recognition of the head nurse is doubtful. This is probably due to the fact that until late years graduate head nurses were unknown—pupils filled these positions, and continue to do so in many hospitals.

We will hope, however, that before long this will be rectified, and that the head nurse will receive the official recognition which is her due. Before that time arrives, however, there is much preparation to be made, both on the side of the school and the side of the head nurse. The head of the school must be given time to learn to think of the head nurse in this new capacity; to come down off her own pedestal and accept the head of each department as a co-worker; to cease to merely issue orders, but to consult and advise with her staff of officers. This all means a revolution of thought for the superintendent, so she must not be hurried too much.

On the part of the head nurse there is also much preparation necessary. If she is to become an officer of the school, a greater loyalty must be shown to the head of the school than is always the case at present. She must take the trouble to find out the policy of the school and the ideas and wishes of its chief officer and follow those wishes. She must herself assist in the effort of raising the dignity of the position of head nurse by dignifying the individual position by her personality.

A large part of the practical training of the pupil devolves upon the head nurse of a hospital. Of this fact each head nurse should be glad, for we know that by attempting to teach others we find out how much we ourselves really know. One way of educating ourselves is to attempt to impart our knowledge to others, for in that way we soon learn our weakness.

This work of training and teaching the pupil nurse in her department is as much a part of the head nurse's duties as is the care of the patients, the carrying out of the doctor's orders, and the many other details of the work.

If a head nurse is to be held responsible for the way in which a young nurse starts her practical training, naturally that head nurse will herself wish to instruct the pupil in all details, instead of delegating that privilege to some other pupil a little further advanced in her training.

In a large, busy hospital, where there is much work to be accomplished, everybody is so busily engaged with the practical work of the institution that at times all are apt to lose sight of the fact that there is an educational aspect to be remembered. We frequently forget that pupil nurses are not in the wards merely to take care of the patients, but also to learn. In fact, from the pupil's point of view the sole object

of her being in the hospital is an educational one, and this point a head nurse in particular should remember.

There is no doubt that the duty which the head nurse owes to the pupil is at times a trying one, but it is nevertheless a duty. On the other hand, a head nurse, if she go about it the right way, may herself gain much from the self-control and discipline which she is thus compelled to exercise.

Without self-control the head nurse cannot do either herself or the pupil justice. The nagging head nurse who scolds from seven in the morning to seven at night, who never fails to point out the poor quality of a pupil's work, but forgets to say a word of encouragement occasionally, does not succeed in obtaining the pupil's best efforts. She does succeed in making the pupil fear and dislike her, but, as a rule, does not secure her respect.

The head nurse who goes to the other extreme and is carelessly lax in her discipline, showing partiality to some of her nurses, or even making chums of them, fails also in winning the respect of her nurses.

If we are going to succeed as head nurses, we must strike a happy medium between these two examples. If we would win the respect of our pupils, we must show ourselves worthy of their respect—we must earn it. We must learn to be just and impartial in all cases; to avoid carefully nagging and scolding, and to substitute in their places teaching and correcting and guiding. We must appreciate the fact that we must practise what we preach, for if we wish the pupils under our supervision to adopt certain methods, to maintain a certain deportment, we ourselves must set them the example; they will follow our example, not our precept.

Other duties comprised in those usually allotted to the head nurse are those which she owes to the members of the staff, to the patients,—other than the usual nursing,—to the patients' relatives and friends, to the public. In fact, the list seems never-ending. The nurse as head nurse, like the nurse on private duty, seems to be public property, and must make strenuous efforts to live up to everybody's expectations.

If, however, we as graduate head nurses wish for more privileges, for more recognition from the higher powers, we must show ourselves capable of meeting all these demands. If we wish our positions to advance with the general advancement in nurses' schools, we must bestir ourselves.

Upon us alone depends the degree of dignity which accompanies the term "head nurse."



# CHILDREN'S DEPARTMENT

IN CHARGE OF  
LOUISE C. BRENT



## THE FEEDING OF CHILDREN

By JOSEPH ROBY, A.M., M.D.  
Rochester, New York

(Concluded)

### FEEDING OF SICK CHILDREN.

THE prevention of disease occupies the attention of the medical profession to-day, and it should be the aim of the mother or nurse in feeding children. It is very much easier to prevent an attack of colitis or dysentery in a child by not giving it green apples than it is to cure the attack even by the most approved methods of infant feeding. Green or over-ripe fruit is very liable to cause trouble to a young child, and most children up to eighteen months of age are better off without whole raw fruit, even if just ripe. The juice is allowable, but not the fibre. A child's lunch at school should not consist of rich fruit-cake or mince-pie. This may seem a foolish warning, yet one sees children have that kind of a lunch. Ham, sausage, pork, raw vegetables, griddlecakes, pies, tarts, salads, and preserves should not be given to young children. An occasional piece of plain candy or sugar will do no harm, but they should not be given as a general rule.

A large percentage of the sickness of children is intestinal, and even when the disease is not of that nature at the start, it is very liable to be complicated by some form of stomach or intestinal derangement unless great care in feeding is used.

On general principles, when a child is taken sick with any acute disease accompanied by fever the first things to be done are, to put the child to bed, give a cathartic,—either calomel or castor-oil,—reduce the amount of food, and give plenty of water. When an adult is sick, he would not think of eating his usual heavy dinner, and no more should an infant be given its regular milk. The child is thirsty and needs water, not food. Children under a year who are breast-fed may have their food reduced by cutting down the length of time allowed for each nursing, or by nursing from only one breast. Water should be given from a spoon or bottle. Children on bottles should have their usual

milk, whether it is a home or laboratory modification, diluted one-half with water. Plain water should be given between the hours for feeding. In young children, especially when intestinal trouble is suspected, it is better to give no milk at all for twenty-four hours, using simply water, barley-water, or egg albumin. At any rate, the child should not be given anything to eat oftener than every two hours.

Older children who are having, besides their milk, some other simple articles of food should be given milk diluted one-third with water, Vichy, or Apollinaris, and still older children on general diet should be put upon milk diet. If the child tires of milk, it may be necessary to give other things, such as broth, thin gruels, and lemonade, with the whites of eggs. In some cases milk is not retained even if considerably diluted. Then it is necessary to fall back on either peptonized milk or egg albumin. Children will often retain these when everything else is vomited. In order to get good results from peptonized milk, it must be really peptonized. The warm (100°) milk should be mixed with the peptonizing powder (ext. pancreatis, gr. v.; soda bicarb., gr. xv.), put into a clean glass jar, and then it should be allowed to stand in water at temperature of 100° on the back of the stove for one or two hours.

The milk should be bitter, and it is often slightly curdled—a part of the digestive process which does not harm the milk.

It should then be boiled five minutes, rapidly cooled, and put on ice.

Expensive food is not necessarily nutritious food, and when two articles contain about the same amount of nourishment, it is economy to buy the cheaper, provided, of course, it is as appetizing, as easily digested, and fulfils as well the needs of the organism. Animal foods are, as a rule, expensive, but must be given or the child becomes anæmic.

The United States Department of Agriculture gives the following amounts of nutritive material that can be purchased for twenty-five cents. The fuel value is calculated in calories:

Food.	Cost per pound.	Protein.	Calories obtained for 25 cents.
	Cents.	Pounds.	
Sirloin } Beef .....	22.	.17	1,120
Round } .....	18.	.19	1,180
Chicken.....	22.	.17	400
Salt cod.....	8.	.50	970
Haddock.....	8.	.26	525
Oysters, 50 cents a quart.....	25.	.06	230
Eggs, 25 cents a dozen.....	18.2	.17	910
Milk, 6 cents a quart.....	3.	.30	2,675
Potatoes, 50 cents a bushel .....	.83	.54	9,570
Turnips.....	2.	.11	1,630
Oatmeal.....	5.	.76	9,275
Wheat flour.....	3.5	.79	11,755
Corn meal.....	3.	.77	13,720

# PROGRESSIVE MOVEMENTS

IN CHARGE OF  
LUCY L. DROWN



## THE CONSUMERS' LEAGUE

By MRS. FLORENCE KELLEY  
Corresponding Secretary the National Consumers' League

THIS is an organization of persons who strive to do their shopping in such ways as to benefit those who make and distribute the things bought.

The members of the Consumers' League of the City of New York give the preference in their shopping to the forty stores on its White List, because these stores are believed to approximate most nearly to the following "Standard of a Fair House" which this League has maintained for the past ten years.

### STANDARD OF A FAIR HOUSE.

*Wages.*—A Fair House is one in which equal pay is given for work of equal value, irrespective of sex. In the departments where women only are employed, in which the minimum wages are six dollars per week for experienced adult workers, and fall in few instances below eight dollars.

In which wages are paid by the week.

In which fines, if imposed, are paid into a fund for the benefit of the employees.

In which the minimum wages of cash girls are two dollars per week, with the same conditions regarding weekly payments and fines.

*Hours.*—A Fair House is one in which the hours from eight A.M. to six P.M. (with three-quarters of an hour for lunch) constitute the working day, and a general half-holiday is given on one day of each week during at least two summer months.

In which a vacation of not less than one week is given with pay during the summer season.

In which all overtime is compensated for.

In which wages are paid and the premises closed for the five principal legal holidays,—viz., Thanksgiving Day, Christmas and New Year's Day, Washington's Birthday, and the Fourth of July.

*Physical Conditions.*—A Fair House is one in which work-, lunch-, and retiring-rooms are apart from each other, and conform in all respects to the present sanitary laws.



In which the present law regarding the providing of seats for saleswomen is observed, and the use of seats permitted.

*Other Conditions.*—A Fair House is one in which humane and considerate behavior towards employees is the rule.

In which fidelity and length of service meet with the consideration which is their due.

In which no children under fourteen years of age are employed.

When first issued, the White List of the Consumers' League of the City of New York embraced but eight stores. It has grown fivefold because the standard of conditions of work is rising steadily though slowly in all occupations. In part, however, the growth of the White List from eight stores to forty is due to the growth of the Consumers' League from a small though very influential group of women, to a local membership of about one thousand, having an efficient organization and maintaining a ceaseless agitation on behalf of its principles. The mere numerical statement of the membership conveys no idea of the lively activities of the league. Thus, during visits to St. Paul, Minnesota, and Richmond, Virginia, the writer found friends in each city carrying in their pocket-books copies of the White List of the Consumers' League of the City of New York, because once or twice a year these ladies visit New York and conscientiously do their shopping at the stores embraced in the White List. They are not members of the Consumers' League of the City of New York, but their custom is desirable to the merchants and they reinforce the power of the league. This widespread coöperation of non-members explains in some degree the extraordinary influence of a relatively small organization.

There still remain merchants carrying on immense establishments patronized by thousand of customers who are indifferent to the work of the league. Some of the names made most familiar by wholesale advertising are conspicuously absent from the White List. In these vast stores conditions fall far below the requirements of the "Standard of a Fair House" and will continue to do so until the great body of shoppers come to a realizing sense of their responsibility in the premises. If customers insist upon shopping at night, merchants will accommodate them; and clerks, package wrappers, cash children, and delivery men must suffer. If customers leave their Christmas shopping until the week before Christmas, or if they visit the stores on Saturday afternoons and evenings in summer, the merchants must accommodate them, and the holidays become a period of bitter overwork for the employees.

The first work of the Consumers' League is, therefore, to appeal to the conscience of the individual and awaken a sense of responsibility and power. The next step is to afford trustworthy information as to

the conditions that exist from year to year so that the conscientious shopper may choose with knowledge and certainty. The former end is attained by holding meetings, delivering addresses and lectures, circulating literature, and sowing broadcast the "Standard White List." The latter end, that of affording trustworthy assurance concerning conditions of work, is accomplished by the work of the Investigating Committee, which visits stores, interviews managers, receives complaints, and seeks the acquaintance of employees. This committee receives much valuable assistance from the working-girls' clubs and the Settlements, both serving as points of contact with intelligent and trustworthy employees. By interviewing both employers and employees, and cultivating the acquaintance of the largest possible number of both through a series of years, it is possible to know pretty accurately whether or not a store is living up to the "Standard of a Fair House" and deserves to be kept on the White List. From time to time a new store is added to the White List. In a few cases, stores have been dropped from the list. This, however, never lasts long, for the members of the Consumers' League proceed to transfer their accounts to stores which have not been dropped, calling the attention of the dropped firm to this action and the reason for it. No store has been willing to remain off the White List after being embraced in it. Backslidings are, therefore, promptly repaired, and the erring concern is reinstated upon compliance with the requirements of the "Standard of a Fair House."

The National Consumers' League was formed in 1899 by the union of four leagues previously existing in New York, Massachusetts, Pennsylvania, and Illinois. The National Consumers' League strives to go beyond the store to the sources of the store's supplies, encouraging the righteous, humane, and enlightened manufacturer as the local leagues strive to encourage such merchants.

The National Consumers' League has selected as its first field of endeavor the manufacture of women's white muslin underwear, because this industry is very largely in the hands of women. The purchasers of such goods are all women, and the employees in the factories are usually ninety-seven girls to three men, the girls being between the ages of sixteen and twenty-five years.

Thus far eighteen factories in this branch of industry are authorized to use the label of the Consumers' League. The factories are in six States, Maine, Massachusetts, Rhode Island, New York, Pennsylvania, and Michigan. They make all grades of stitched underwear except the very finest, which are usually not factory made. There are included in the list manufacturers of corsets and waists as well as the usual white underwear.

Whenever a manufacturer is authorized to use the label of the Consumers' League, he signs a contract binding himself to have his work done wholly on his own premises, to employ no children under sixteen years of age, to require not more than ten hours' work a day and sixty hours a week, and to obey all the provisions of the State factory law of the State in which his factory is located.

There are now about thirty Consumers' Leagues in eleven States. In many other States there is a corresponding member who serves as a nucleus for the organization of a league. It is hoped that in time the whole body of shoppers may be induced to adopt the principles of the Consumers' League. In proportion as its constituency grows, the league can extend its field of activity, embracing the manufacture of other garments, and ultimately of all those things which are produced for personal consumption,—clothing, food, furniture, books, etc.

The Consumers' League finds many of its most valuable members among physicians and nurses because they, more than the members of any other profession, come into contact with disease and suffering engendered by conditions of work; and they find it easy to trace the chain of cause and effect, and are correspondingly willing to take trouble for the sake of concerted action for the improvement of industrial conditions. To nurses the bare statement that there are nearly twenty thousand groups of garment-workers in New York who are licensed to make garments in tenement-houses tells the story of infection carried with the garments made under such conditions. To them no elaborate argument need be made on behalf of factory work in preference to tenement-house work. To nurses the Consumers' League appeals as to its natural allies, asking them to shop according to its White List in cities where a White List exists, to ask for the label of the Consumers' League when buying underwear (and insist upon getting it), to join the league so that it may have the strength which comes from numbers, and to bring its aims and methods to the notice of their friends within and without the profession.

We are all of us spending money (however little) all the time; and every time we spend a dollar we help to determine, by our selection of goods, whether the factories and stores which are carried on righteously shall prosper, or whether the baser competitor shall thrive at the expense of the nobler. We can make our choice wisely and helpfully only in proportion as we use the opportunities which are increasingly offered for informing ourselves concerning the conditions of manufacture and distribution of goods made to be sold to women. One effective help to a wise choice is offered by the work of the Consumers' League.

# PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE



## MEDICAL INSPECTION OF SCHOOLS IN BOSTON

By CHARLES G. DEWEY, M.D.

THE primary schools have always been among the most important factors in the spread of contagious diseases. Here the children, at the most susceptible age, are brought into the closest relations. The school-rooms are usually overcrowded and often poorly ventilated; the children's outer garments are hung so closely together that they touch those of other children; they often use the same cups in drinking and sometimes the same towels, and during the intermissions their games bring them into personal contact with other children from all parts of the school district.

All this has long been recognized, and various efforts have been made to remedy the evil. But these efforts resulted in comparatively little good, as they were usually not very systematic or did not reach the root of the matter. It remained for the Board of Health of the City of Boston to inaugurate a system which is doing much to solve the problem.

In 1894, after several serious epidemics of contagious diseases, the Board of Health, with the support and coöperation of the School Board, began what is termed the "medical inspection of schools." The plan was so carefully thought out, that after over six years' trial it has had to be changed in but few particulars.

The details of the system are as follows: The city is divided into about fifty districts, varying in area according to the density of population and number of schools. There are on an average four schools and about sixteen hundred school-children in each district. To each district is assigned a physician, usually a recent graduate with hospital training and experience in contagious diseases. Each school-day, as soon after the opening hour as possible, he goes to each of his schools and sees the children who in the judgment of the teachers are not in

their usual health. The children bring printed slips filled out by their teachers with their names and of what they complain. The physician, or medical inspector, as he is called, after making his examinations, in which he is constantly on the watch for contagious disease, fills out the spaces left on the slips with his diagnosis and advice and signs them. The children then take them back to their teachers. Except in emergencies he never treats the children, but refers all needing treatment to their family physicians. He advises concerning the need of medical treatment and whether the children should be allowed to remain in school or sent home.

With contagious diseases the case is different. Here, as agent of the Board of Health, the inspector speaks with authority and himself sends the children home, advising them to call in their family physicians at once. Their books and papers are either disinfected or burned, and their desks and seats scrubbed with some disinfectant. Suspicious cases are sent home, cultures first being taken, when diphtheria is suspected, to remain under observation until a satisfactory diagnosis can be made. This is done on the ground that one child should be deprived of a few days of school rather than that many be exposed to a possible infection.

But while the primary object of school inspection is the prevention of the spread of contagious diseases, a large part of the inspector's work is in the diagnosis of other diseases. By frequent consultations the teachers, who, as a rule, are much interested in the physical condition of their children, and are by their previous training good observers, become familiar with the signs of disease, so that it is seldom that children who are really sick are not brought to the inspector's attention. It is surprising how many cases of hypertrophied tonsils, adenoids, eye-strain, and other chronic troubles they succeed in finding. The parents' attention is called to these defects, with the result that in many cases the children receive proper treatment, whereas formerly they were often allowed to go on for years, if not for life, handicapped by troubles that could easily have been remedied or relieved.

The inspector also sees all children coming to school for the first time or from other schools without proper vaccination certificates. If he finds them duly vaccinated, he certifies to that fact; if not, he refers them to their physicians for vaccination, or, if on careful investigation they are found unable to employ a physician, he vaccinates them himself.

He also consults with the teachers about the hygiene of the school-rooms and various other matters of importance in maintaining the health of the children.

While, as a rule, the parents are pleased with school inspection, as it gives them a feeling of added security in sending their children to school, there are some who do not appreciate the disinterested advice given. This is particularly true when their attention is called to some chronic trouble, long familiarity with which makes them believe the condition to be normal. In such cases they sometimes resent what they are pleased to call the interference of the doctor. Not long ago a boy in one of the schools was seen to be anæmic. When it was learned that he was not under treatment, word was sent to his mother that he ought to be seen by his family physician. The following day came the reply that he was no worse than he had been for a long time, and that when she wanted advice she would ask for it.

But perhaps the most trouble comes from the finding of pediculi. When they are discovered the children are sent home with printed prescriptions for crude petroleum and directions for its use, signed by the master. For some unaccountable reason many mothers, instead of being grateful, consider the finding of these pests in their children's hair a direct reflection on themselves, and occasionally an irate woman appears at the school and expresses her opinion of teacher and doctor forcibly if not elegantly. Even the inspector has been known to receive a call later, during which he has been given much gratuitous advice. Two years ago general inspection of the children's heads was made with excellent results, so far as finding pediculi was concerned. Yet it is doubtful if many of the teachers or physicians would care to repeat the experience.

Some physicians carry the inspection in the primary schools a step further, and see not only those who are not well, but also those returning to school from sickness, when they bring notes from their own physicians stating the nature of their illness. Of course, this greatly increases the inspector's work, but it has in several instances resulted in the detection of cases of scarlet fever and diphtheria, to say nothing of the milder exanthemata. These cases of scarlet fever were so mild that no physician had been called, the parents supposing that the children had only ordinary colds. If they had been allowed to return to school in the midst of desquamation many children would have been exposed.

In this connection it may do no harm to mention one case to illustrate, on the one hand, the criminal carelessness of some people and, on the other, the watchfulness of the teachers. A boy after the morning visit was sent home on account of vomiting. Two days later his sister returned to school, who on being questioned said that her brother was better, but that his skin was quite red, also that no physician had been



called. Upon his morning visit these facts were reported to the inspector, who immediately went to the house and asked to see the boy. As was suspected, he was in the eruptive stage of scarlet fever. The mother was told this and was directed to isolate the child at once and to send for their family physician. Upon calling the next morning to see if the child had been properly isolated, he found him with the rest of the family, one child going to the children's hospital for treatment, and was met with the statement that upon his return from work in the evening the father had decided that the child was not sick enough to need a physician and that none had been called. It is needless to say that the case was at once reported to the Board of Health, which removed the child to the hospital. As he was not very sick, he undoubtedly would have been sent back to school within a few days had not the nature of his sickness been discovered, and been a source of great danger to two or three hundred children.

If by any chance several cases of scarlet fever, diphtheria, or measles do develop in a school, then the inspector's duties become more exacting. He makes a careful investigation to ascertain, if possible, the source of infection, he examines all of the children in certain rooms or in the whole school if necessary, and, should the disease be diphtheria, takes cultures from all suspicious throats and noses. If he considers certain rooms infected, he at once requests the Board of Health to disinfect them. By these means, in connection with the labors of the Board of Health, several epidemics which promised to be wide-spread have been stopped.\*

In addition to the required work, in many districts the medical inspectors are requested to give talks to the mothers of the kindergarten children once a year at one of their monthly meetings. The talks, or, as many like to have them, open congresses, are usually about the general care of young children, and touch upon such subjects as food, clothing, sleep, bathing, etc., and more or less upon the contagious diseases. These meetings are fairly well attended and, judging from the questions asked, provoke a good deal of discussion among the mothers, thus helping to diffuse a general if not a deep knowledge of the care of children.

At the end of each month the slips on which the diagnoses are recorded are collected, and from them the inspector makes out a report to the Board of Health. From these reports are compiled the statistics

\* The *Annals of Gynecology and Pediatrics for January, 1898*, contains very interesting accounts of such epidemics, by H. D. Arnold, M.D., E. T. Twitchell, M.D., and others.

of school inspection. The summary for the year 1899—that for 1900 is not yet available—is as follows:

Specific infectious diseases .....	468
Oral and respiratory diseases .....	2,738
Diseases of the ear .....	144
Diseases of the eye .....	434
Diseases of the skin .....	3,252
Miscellaneous diseases .....	10,413
<hr/>	<hr/>
Total .....	17,449

As has been intimated, the physician has a dual duty,—the first as school inspector, the second as agent of the Board of Health. In the latter capacity he visits every case of scarlet fever and of diphtheria reported in his district that has not been sent to the hospital, being kept informed of all such cases, as well as of measles, by daily reports sent by the Board of Health. He inquires carefully into the isolation of each case and reports to the Board of Health whether or not it is satisfactory; he sees that a card is placed on the door of the room in which the patient is confined, setting it apart by the Board of Health as a place of detention for that patient until released by its order; he leaves a card for the physician attending the case, stating that the Board of Health will coöperate with him in the isolation of the patient; and, finally, he sees each patient upon recovery, verifying the attending physician's statement as to the termination of desquamation in scarlet fever, and in diphtheria taking a culture from nose and throat when the attending physician has succeeded in getting a negative culture from both. Patients are released from the latter disease only after two successive negative cultures from both nose and throat, the second being always taken by the medical inspector. This often necessitates taking several cultures, occasionally many. Upon his report in scarlet fever, or negative culture in diphtheria, the Board of Health sends its men, who disinfect with formaldehyde the room or rooms infected by the patient.

By a regulation of the School Board no child is allowed to return to school from a house in which there has been scarlet fever or diphtheria until two weeks after disinfection; in cases of measles, not until one week after recovery. There are no exceptions to these rules, and the inspector tries to assist the teachers in carrying them out. He is often called upon to decide whether a week has elapsed since a child has recovered from the measles or whether he has fully recovered from the other contagious diseases, as German measles, chicken-pox, whooping-cough, etc.

The foregoing is a crude description of the details of the medical inspection of schools. That the system is perfect is not claimed, but no one who is familiar with its workings can for a moment doubt its great usefulness. It has undoubtedly resulted in the saving of some lives and of much valuable time for children and parents. Looking at it from a pecuniary stand-point, it has many times paid for itself in saving great expenses to both city and individuals by limiting the spread of contagious diseases. It has also made many children's lives happier and more worth living by the removal of physical defects.

The system has been criticised as not going far enough in physical examinations, as for defective vision, and by some for not treating the children's diseases. Such criticisms are unfair, and show lack of familiarity with the conditions existing.

As time goes on doubtless modifications of the system will be made. But that it is the correct solution of the problem of the control of contagious diseases in our schools is evidenced by the hearty approval of all the masters and teachers, and by the fact that several cities have already adopted it, varying its details to meet their respective needs, and that each year sees more and more cities inquiring into it and taking it up. Eventually, there can be little doubt, as it can be easily adapted to smaller places as well as to the larger cities, the system will be in general use throughout our land.



# CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF  
M. E. P. DAVIS



## PRACTICAL SUGGESTIONS FOR A MODERN HOSPITAL LAUNDRY, AND MODERN METHODS OF WASHING HOSPITAL CLOTHES; WITH SOME COMPARISONS AS TO COST OF LAUNDRY WORK IN EIGHT GENERAL HOSPITALS

By GEORGE H. M. ROWE, M.D.

Superintendent and Resident Physician, the Boston City Hospital

DR. ABBOTT'S articles in *THE AMERICAN JOURNAL OF NURSING* must be very helpful to those interested in hospital management. It may be interesting to superintendents and matrons to supplement Dr. Abbott's work by further suggestions, particularly as to every-day modern laundry methods.

The Boston City Hospital recently constructed a new laundry, having outgrown its old one. Nearly all of its machinery was the old patterns, inefficient and unprofitable. The new laundry was completed a year ago and new machinery installed at a cost of about twenty thousand dollars, including all machinery, drying-rooms, hot- and cold-water supply, drains, and other furnishings. The laundry does the work for a hospital of five hundred and twenty-eight patients and a family of three hundred and fifty-eight officers and employees, making a total of eight hundred and eighty-six persons. The ward linen is often laundered three, four, and even five times a week, and the pieces rarely number less than seventy-five thousand per week.

The location of the laundry, relative to the hospital buildings, is good, it being the most remote building from the wards. Unfortunately, it is built on a restricted site, forcing us to have four stories, but ready access is given by broad and easily ascending stairs and a capacious elevator for both freight and employees. The building is ninety feet long by thirty-eight feet wide, with a two-storied ell forty-two feet wide by sixty feet long. The lower floor is used as a hospital wash-room, with an extra large steam mangle for flat work. The second story sup-

plements the lower floor in ward linen, and contains receiving-, distributing-, drying-, and airing-rooms, the larger portion being given to mangle and machine work. The third floor is used for family laundry work, contains a receiving-, distributing-, drying-, and wash-rooms, and also a room for laundry machines for ironing. The fourth floor has chambers for women employed in the laundry.

The hospital wash-room on the lower floor is constructed of glazed brick walls, granolithic floor, and contains the following machinery:

One Empire sterilizing boiler-iron washer, two-hundred-and-fifty-shirt capacity.

Two two-hundred-shirt capacity metallic rotary washers.

Two one-hundred-and-fifty-shirt capacity wooden washers: Total capacity nine hundred and fifty shirts.

Three extractors.

One shaker-out.

One Hagen six-roll mangle, capable of doing fifteen thousand pieces of flat work per day of ten hours.

Five porcelain wash-tubs.

The second floor is called the hospital ironing-room, the walls being smooth brick, painted with white enamel paint, and the floor is of hard pine. This room is equipped with the following machinery:

One Crawford Jumbo mangle.

Four body-ironers.

Two yoke-ironers.

The third floor, or the family laundry, has a wash-room eighteen feet wide by twenty-four feet long, the construction being the same as the lower floor, with enamelled brick walls and granolithic floor, and is water-proof to protect the floors below. The machinery upon this floor, which includes both the family wash-room and ironing-room, is as follows:

One wooden rotary washer of two-hundred-shirt capacity.

One wooden rotary washer of one-hundred-and-fifty-shirt capacity.

One extractor.

Four porcelain set tubs.

One starch-cooker.

One starching-machine.

One shaker-out.

One Hagen six-roll mangle.

Four body-ironers.

Two yoke-ironers.

One cuff- and collar-machine.

One Asher collar-shaper.

One collar-seam dampener.

One hydraulic dampening press.

Two Tyler shirt-machines.

The Empire sterilizing boiler-iron washer was first made at my suggestion, and is an iron rotary machine-washer and sterilizer. As everyone familiar with hospital work well knows, one of the great annoyances in sterilizing clothing is that it is first sterilized to free from infection and then washed afterwards. Sterilizing by steam under pressure acts as a mordant, and sets the stains, so that they can neither be properly washed nor made white except by subjecting them to strong bleaching, which is apt to impair the fabrics. The scheme of the combined sterilizer and washer is that infected clothes may be put in this washer and first washed in boiling water, according to the methods as described in this paper later on, and after washing the door is clamped down, and steam under fifteen pounds pressure, giving a temperature of 250° F., thoroughly sterilizes the clothing, which then may be treated as ordinary laundry goods in the same washer without removing. In my judgment, washing clothing in a machine that has been subjected to boiling is a safe method for ordinary disinfection, but the combined sterilizer and rotary washer should be used for the infected clothing of a more dangerous nature. The two metallic rotary washers and the two wooden washers of the ordinary type need no further description. The clothes are wrung by three extractors such as are now in general use. When the clothes, however, are taken out of these extractors they are thoroughly bedded together, like hard-packed figs in a box. The "shaker-out" is the shell of a rotary washer, and the clothes, taken from the extractor and put in the "shaker-out," speedily unfold under the reversing motion and are practically ready for the mangle. A large-sized "shaker-out" does as much work as five laundry employees can do by hand.

The Hagen six-roll mangle is a machine of large capacity, capable of ironing at least fifteen thousand pieces of flat work per day of ten hours' work. There are a few other machines in the market probably as efficient as this six-roll mangle, but this mangle was decided upon on account of its efficiency, simplicity of construction, and because it brings the clothes out perfectly dry. This mangle requires seven women to feed, receive, and fold the clothes properly.

On the second story, or hospital ironing-floor, the Crawford Jumbo mangle, which is one of the old machines repaired from former use, is used, principally for the smoothing out of ward shirts, bed-gowns, and stockings, and does the most crude mangling in the building.

On the third floor, the rotary washers and extractors in the family



wash-room are similar to those on the lower floor. They have a capacity of three hundred and fifty shirts, which, combined with the washers on the lower floor, makes a total capacity in the whole laundry of thirteen hundred shirts. On this floor is a duplicate of the six-roll mangle on the lower floor. This was purchased in order to have high-grade machines of very large capacity always available, so that if one broke down or was out of service from any cause, there would be a second for immediate use. The body- and yoke-ironers, of which there are twelve on the two floors, certainly are the most valuable and useful modern machines for laundry work. One body-ironer, by actual test, will do as much work as five women can do by hand. This machine is serviceable for a large variety of work. Men's shirts of all kinds, including officers' and employees', duck coats, trousers, and operating-gowns, women's dresses, aprons, skirts, and underwear, are ironed on these machines without using the hand-iron. They not only do the work more expeditiously, but, for general purposes, quite as well as hand work. For institution work these machines, of which there are several varieties, are invaluable. The cuff- and collar-machine, collar-shaper, seam-dampener, and Tyler shirt-machines are too well known to need further description, and are important in labor-saving as well as improving the quality of the work.

Nothing is more annoying to a hospital superintendent or matron than to see clothes, not only of officers and employees, but ward linen, poorly done, sometimes brown in color, as if not properly rinsed, smelling disagreeably, and full of creases—in short, bad laundry work. No nurse can make her ward presentable with faulty ward linen of this sort. Many institution laundries are run without judgment or correct knowledge of the proper methods of washing and ironing, particularly the washing. Oftentimes the clothes are tumbled into the washer, soft soap is poured in "by guess," and the machine is allowed to run without care or system, which inevitably results in bringing out clothes imperfectly washed.

To make some practical, every-day suggestions the following is submitted:

*Rules and Formulæ for Washing in Rotary-Machine Washer.*—To wash one hundred and fifty shirts, fill the rotary washer with cold water so it will show in bottom of glass gauge; rinse five minutes. For badly soiled clothes, rinse twice with cold water. Then use warm soapsuds. For ordinary soiled clothes, one gallon of solution of soap, but for very dirty clothes two gallons, and run ten minutes extra. This is "first suds." Use less water in washing than in rinsing. Put in the solution of soap and the "bleach" in the second suds; bring this to a boil. Run fifteen minutes; then empty, and give three rinses, five minutes each, of

the hot and cold water running together. Then use oxalic-acid solution with hot water for "sour." Bring water to a boil, five minutes; run off; then let in cold water for bluing, five minutes. The clothing is now finished and ready to take out. Total time for one load, one hour and ten or fifteen minutes. In washing family clothes there is usually a hot-water rinse between the "sour" and the "blue." In case the clothes get too blue, run bluing water off and run in hot water, one minute.

*For the Solution of Oxalic Acid ("Sour").*—Put two ounces of commercial oxalic acid, ninety-eight per cent., into one gallon of boiling water, thoroughly dissolve, pour into a one-hundred-and-fifty-shirt machine, holding sixty to seventy gallons of water. This "sour" is to take out all kinds of stains and to clear the clothes; it also assists much in holding the aniline bluing.

*For the Solution of Lime and Soda ("Bleach").*—Dissolve thirty pounds of ninety-eight per cent. commercial chloride of lime and twenty pounds of ninety-eight per cent. caustic soda in sixty gallons of water. Put the dry chloride of lime, thirty pounds, in the stone-ware tank of sixty-gallon capacity first, then run the tank half filled with cold water—not warm. This should stand over night and the scum be removed in the morning. Then take the caustic soda, twenty pounds, in a pail, pour boiling water on it, dissolve, and pour into the lime solution. Then fill the tank with hot or boiling water, stir thoroughly; then let it stand until the next morning and skim it again. It is then ready for use. Put half a pint of this solution of lime and soda in a one-hundred-and-fifty-shirt washer, sixty to seventy gallons of water.

*Bluing* should be made of one ounce of aniline blue to a gallon of warm water. Aniline bluing for laundry work is made in large varieties of shades and value. Care must be taken in its selection. One ounce of this solution is used in the one-hundred-and-fifty-shirt washer, diluting it in a pail of water, distributing it gradually through the water while the washer is in motion.

*Laundry Solution of Soap.*—To one hundred gallons of water add fifty pounds of soap-chips and five pounds of caustic soda. When a one-hundred-gallon galvanized iron tank is half filled with water, pour in fifty pounds of soap-chips and boil by means of a steam coil. After the fifty pounds of soap-chips are thoroughly dissolved and the five pounds of ninety-eight per cent. caustic soda dissolved in a pail of water, put them in the tank and fill it up. If soap or soap-chips require more than fifty pounds to five pounds of soda and one hundred gallons of water to make a good solution of soap they are below the proper standard.

*Soaps for Washing Hospital Blankets and Woollen Clothes of all Kinds.*—To olive-oil soap-chips, ten pounds to ten gallons of water, add five pounds of commercial borax powder. Dissolve the olive-oil soap-chips in a tank half filled with water. This may be made in an ordinary porcelain or soapstone-set tub with a steam coil. When the tub is half filled with water dissolve the soap, and when ready dissolve also the borax powder in a pail of water, and mix with the olive-oil soap-chips and boil. Take ten ward single blankets, or their equivalent in body clothing, put in the rotary washer, add two quarts of olive-oil soap solution, and wash from five to eight minutes. For a second washing use only one quart.

One of the "secrets" of washing woollen blankets and clothing so they will not shrink is in being careful about the temperature of the water. Get the water as nearly as possible to 105° F. If the blankets need a second washing, take a second tub, taking the clothes out of the first tub and putting them in the second. If this is done, it will bring the clothes through the wash without shrinking. Clothes and blankets of wool will not shrink if kept in water of strictly the same temperature. Shrinking results from subjecting wool to hot and then cooler water, or *vice versa*.

*Laundry Starch.*—Use solution of corn-starch for dresses, skirts, coats, trousers, etc., and wheat-starch mixture for shirt-bosoms, collars, and cuffs. To one pound of corn-starch add one gallon of water; boil twenty minutes. To a one-hundred-shirt washer, three pails of solution starch need two pails of hot water.

*Wheat-Starch Mixture.*—For three-quarters of a pound of wheat-starch and a quarter of a pound of corn-starch allow a gallon of water. Boil twenty to twenty-five minutes. Strain and put into a machine starcher containing clothes.

The soaps and all laundry chemicals are made by exact scale liquid measurement every time, and are never guesswork. Employees of sufficient intelligence and faithfulness must be found, regardless of wages. Otherwise any method will be useless.

I am much indebted to our head laundress, Mrs. Harvey, for working out the formulæ and methods advocated in this paper. The foregoing regulations and formulæ are used at this hospital and have produced uniform good results. Much time was given on opening our new laundry in working out the best ways and means to produce these results. When once established a faithful and trusty head laundress will keep to the standard. Generally a woman is in charge of institution laundries. She should not be employed because she "goes to our church" or "has seen better days," but because she thoroughly knows her business.

COMPARISONS OF LAUNDRY STATISTICS OF EIGHT GENERAL HOSPITALS.

To designate the Hospital.....	A.	B.	C.	D.	E.	F.	G.	H.	I.
Persons employed, etc.	Wages per No. month.	Wages per No. month.	Wages per No. month.	Wages per No. month.	Wages per No. month.	Wages per No. month.	Wages per No. month.	Wages per No. month.	Wages per No. month.
Head laundress.....	1 at \$30	1 at \$30	1 at \$35	1 at \$20	1 at \$16	.....	1 at \$30	1 at \$25	1 at \$40
Laundry men.....	1 at \$35	1 at \$30	.....	.....	1 at \$30	* 1 at \$45	1 at \$45	1 at \$50	2 at \$30
Laundry men.....	.....	1 at \$25	.....	.....	.....	* 1 at \$25	.....	1 at \$25	1 at \$20
Laundry men.....	1 at \$16	1 at \$16	1 at \$25	1 at \$13	.....	1 at \$26	1 at \$18	2 at \$15	1 at \$17
Laundry women.....	3 at \$15	3 at \$15	2 at \$20	5 at \$12	2 at \$14	2 at \$18	2 at \$16	11 at \$14	5 at \$15
Laundry women.....	4 at \$13	3 at \$14	3 at \$16	.....	2 at \$13	4 at \$16	1 at \$15	.....	10 at \$14
Laundry women.....	.....	10 at \$13	2 at \$15	.....	3 at \$12	3 at \$13	10 at \$14	.....	5 at \$13
Laundry women.....	7 at \$12	7 at \$12	3 at \$14	.....	.....	.....	.....	.....	.....
Laundry women.....	1 at \$10	1 at \$10	.....	.....	1 at \$30	3 at \$120	1 at \$45	2 at \$75	3 at \$80
Total men per month.....	1 at \$35	2 at \$55	.....	.....	8 at \$106	10 at \$165	15 at \$235	14 at \$209	22 at \$337
Total women per month.....	9 at \$143	26 at \$357	12 at \$220	7 at \$93	9 at \$136	13 at \$285	16 at \$280	16 at \$284	25 at \$417
Total workers per month.....	10 at \$178	28 at \$412	125	89	103	188	189	197	403
Average number patients.....	281	266	.....	.....	.....	.....	.....	.....	.....
Average number officers and employees.....	113	245	129	70	107	160	183	198	358
Total persons.....	394	511	254	159	210	348	372	395	761
Total wages for all laundry employees for one year.....	\$2,136	\$4,944	\$2,640	\$1,116	\$1,632	\$3,420	\$3,360	\$3,408	\$5,004
Yearly cost of living at (say) \$3.50 per week.....	\$1,820	\$5,096	\$2,184	\$1,274	\$1,638	\$1,638	\$2,912	\$2,912	\$4,550
Total cost wages and board per year.....	\$3,956	\$10,040	\$4,824	\$2,390	\$3,270	\$5,058	\$6,272	\$6,320	\$9,554
Number pieces washed—year.....	13,403	25,431	12,315	6,355	9,874	15,000	25,000	20,529	75,869
Number pieces washed—year.....	696,956	1,322,412	640,380	330,460	513,448	780,000	1,300,000	1,067,508	3,945,188
Cost per one hundred pieces.....	56.7c.	75.9c.	75.3c.	72.3c.	63.6c.	64.8c.	48.2c.	59.2c.	24.2c.

\* Lives at home.

† Live at home.

After our new laundry had been running a year, equipped as described above, I determined to know if this hospital had made a good investment in spending so much money for laundry machinery. I obtained the statistics submitted in the table on page 662 from eight large and well-known general hospitals in cities. It would have been obviously unfair to include in this list insane hospitals, where much of the labor is not paid. The Boston City Hospital is designated by the letter I; the names of the other hospitals are designated by letters only for obvious reasons.

The foregoing table requires more than a casual study to fully appreciate the value of the facts in connection with laundry work. At first one is impressed at the wide difference of wages paid, as well as ratio of employees to pieces treated, which seem to be governed by local conditions and, probably, traditions. There is a wide difference in the cost of washing one hundred pieces, varying from 24.2 cents to 75.9 cents. From a personal knowledge of all the hospitals given in the foregoing schedule, the writer feels sure that it is not always the hospital that expends the most money per hundred pieces that is necessarily badly managed.

For instance, comparing the work done by Hospitals B and I: Hospital B launders work for 511 persons, Hospital I, 761 persons; Hospital B expends \$4,944, against \$5,004 for Hospital I. Wages paid by Hospital B for doing laundry work for 511 persons is \$10,040, including both wages and living; Hospital I spends \$9,554 for doing laundry work for 761 persons. Hospital B washes 25,431 pieces at an average cost of 75.9 cents per hundred; Hospital I washes 75,869 at a cost of 24.2 cents; or, otherwise stated, Hospital I washes three times as many clothes as Hospital B for one-third the cost and for a much larger number of persons. This fact is easily explained. Hospital B has not modern machinery and very much of its laundry work is done by hand. Hospital I has machinery equipment of the latest type and does its work as well if not better than Hospital B. Other comparisons can be easily made from the statistical table offered here.

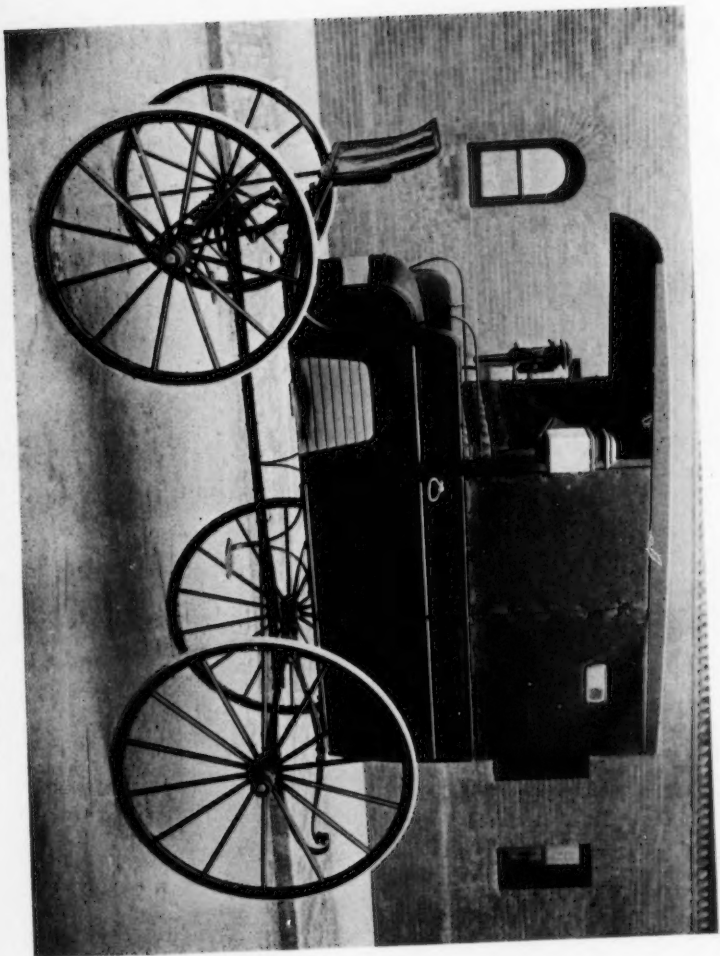
This comparative study aims to show three things: first, the up-to-date equipment of a large hospital laundry; second, methods of laundry work to bring good results; and, third, to demonstrate that, like machine-shops, factories, or other industrials, it is necessary to equip laundries with the latest and most improved machinery in order to produce the finest results with greatly reduced cost.

**THE BROOKLINE AMBULANCE**

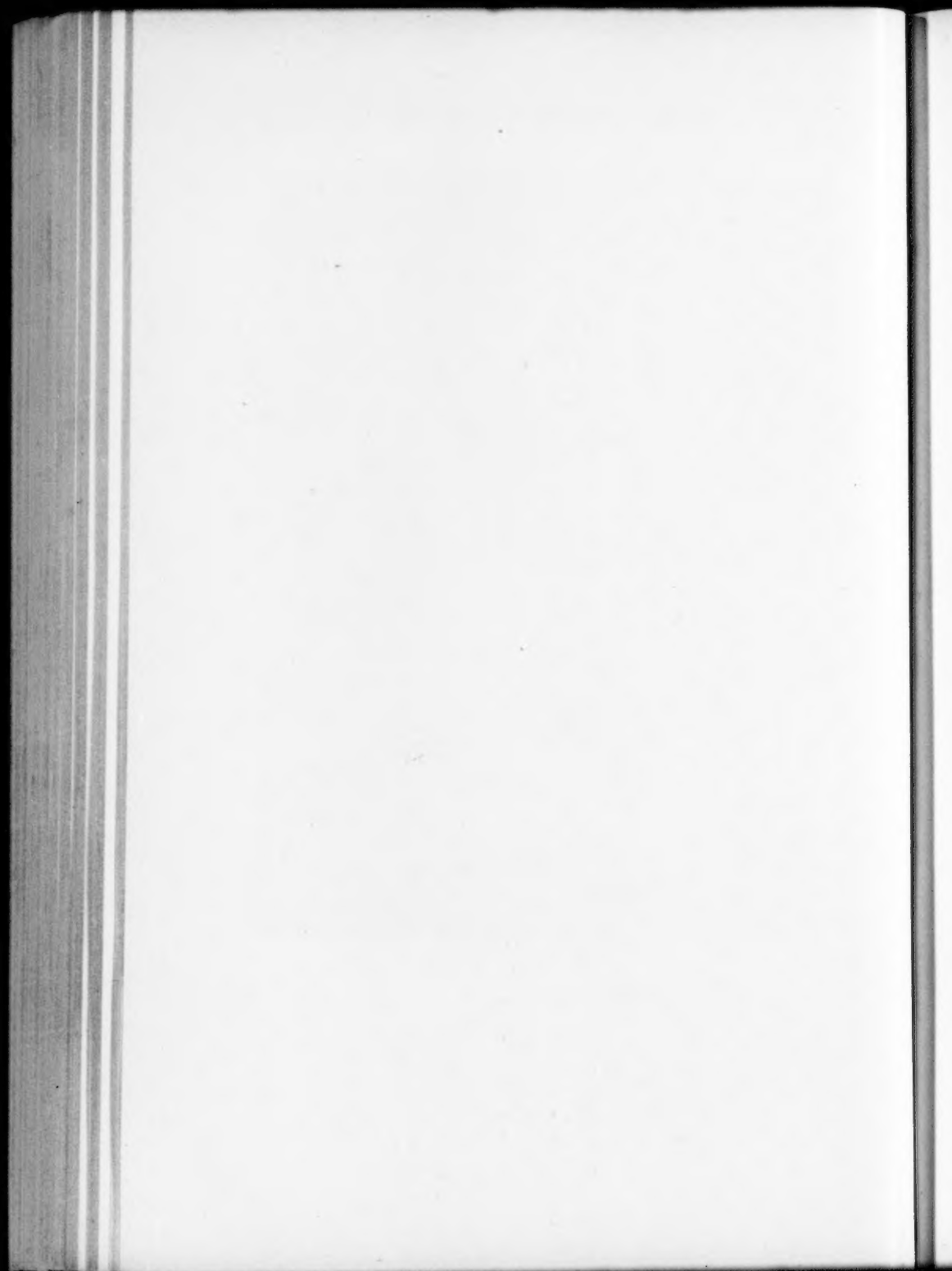
A NEW ambulance for the town of Brookline, Massachusetts, constructed according to plans prepared by the agent and the bacteriologist of the board (see engraving) has given great satisfaction. It is made as far as possible to resemble outwardly a common depot carriage to avoid unpleasant conspicuousness, but at the same time possesses every essential of the best form of ambulance. It has a rear door as well as side doors, and every modern appliance for moving safely and comfortably the sickest patient, whether child or adult, and, furthermore, is easy to disinfect. The ambulance is kept at the hospital, and when going for a patient one of the nurses usually accompanies the driver.







NEW AMBULANCE OF THE BROOKLINE, MASSACHUSETTS, HOSPITAL



## HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF  
LINDA RICHARDS



MISS SOPHIA F. PALMER, who for the past five years has been the able superintendent of the Rochester City Hospital, has resigned her position to take effect June 1. Miss Palmer on leaving the hospital must look back upon her five years' work with much satisfaction.

When she went to the hospital it was in debt and it did not possess the entire confidence of the public. The Training-School was in a disorganized condition, and the nurses' accommodations were anything but desirable. In the past five years, by Miss Palmer's management, the hospital has been freed from debt and has a bank account; the Training-School has been reorganized and to-day is in as good standing as any school in America; one of the most artistic homes to be found in the country has been built and furnished for the nurses. These important changes, besides innumerable smaller improvements, have been made, and Miss Palmer leaves regretted by all, and with the request from the directors that she fill her own vacancy.

Facing these facts no comments from her colleagues are necessary to prove the quality of her work. Still, it is gratifying to know that one woman has in a very quiet way accomplished so much in so short a time, and that her work is appreciated.

On May 1 Miss Palmer completed a quarter of a century of nursing service, one-half of which time has been spent in executive hospital positions. As the editor-in-chief of *THE AMERICAN JOURNAL OF NURSING* she will now devote her entire time to the development of the magazine, making Rochester her home, but being free to spend some time each year in other cities.

Miss Palmer's successor is Miss Mary L. Keith, a graduate of the Massachusetts General Hospital School, who has made a splendid record in nursing work. For the past five years she has had charge of the nursing department of the Boston Lying-in Hospital in Boston, Massachusetts, one of the most exacting positions in the country, and her services have been entirely satisfactory to the management. The change for Miss Keith is in the line of advancement, the hospital in Rochester being much larger than the Lying-in Hospital.

THE Pennsylvania Hospital held on May 11 its one-hundred-and-fiftieth anniversary, and many prominent people assembled to celebrate the occasion. The guests gathered in the new central building, first opened on this day, where the commemorative exercises began at one o'clock.

The ceremonies were opened by the reading from Scripture of the parable of the Good Samaritan, from which the hospital draws its highest inspiration and from which it has inscribed its seal.

An address of welcome was then delivered by Mr. Benjamin H. Shoemaker, president of the Board of Managers, which was followed by the commemoration address by Mr. John B. Garrett. The services were closed by a benediction, offered by Mr. Charles Morton, who has long conducted the religious exercises of the hospital. The guests then dispersed to the inspection of the hospital buildings and grounds.

The new building in which the exercises were held was beautifully decorated with flowers and greens, and the walls were hung with old portraits of famous physicians and prominent citizens who had figured conspicuously in the establishment and maintenance of the hospital.

Old pictures of the hospital, when it stood among open fields, with cattle grazing outside its gates, and many letters and documents relating to its early history were exhibited. Among the most interesting were the original grant of land from the Penns for the present site and the old hospital seal, while a clock made by David Rittenhouse, another old dial which has long hung in the hospital, and a chair which had belonged to William Penn stood in the room. Outside on the lawn was the quaint, old-fashioned hand fire-engine which was used in the early times.

Holding the most prominent position in the hall of entrance is the great picture of "Christ Healing the Sick in the Temple," painted for the hospital by Benjamin West in 1817. The picture was first exhibited in the Royal Academy, London, and the money raised by its exhibition was donated to the hospital. The picture was then shipped to Philadelphia and presented to the hospital, where a special building was erected to hold it, and where it has remained ever since. Below it, in a small frame, hangs the letter written by Henry Clay authorizing the remission of duties on the importation of the picture.

The Pennsylvania Hospital is the oldest in this country, dating back to the coming of the earliest settlers, who, leaving their own homes to undergo unknown hardships for the sake of freedom of thought, were thoroughly imbued with the first principles of religion and humanity. The first step taken towards the care of the sick was with the idea of preventing the spread of disease. Thus, in order to protect the small

community from the contagious diseases brought in by immigrants, a small pest-house was erected just outside the town. Accordingly, in what is now Philadelphia, there was established in 1676 this small nucleus from which has grown the world-wide charitable care of the sick. The benefit of such an institution, however small, was soon felt, and it became apparent that the sick poor within the community must also be cared for.

In 1751 Dr. Thomas Bond, a physician of large practice, who had himself done much charitable work among the sick, insane, and injured poor, realizing the advantages of gathering the suffering inhabitants of the community under one roof and caring for them together, determined to do what he could towards accomplishing it. He suggested his ideas to Benjamin Franklin, who became an enthusiastic worker for the establishment of a hospital.

Franklin, in his "Some Account of the Pennsylvania Hospital," published in 1754, tells how difficult it was for distressed and distempered poor, coming to the city for the advice of a physician, to procure suitable lodgings, and how expensive to provide themselves with good and careful nurses. In consequence there was much unnecessary suffering, and many perished who might otherwise have been restored to health. Franklin by his wide personal influence was successful in soliciting large subscriptions towards this object, but the interest of the community soon began to flag. It became evident that some action of the Assembly was necessary, and a petition was made for it. On May 11, 1751, the first act incorporating the contributors to the Pennsylvania Hospital was signed by Governor Hamilton. Much opposition was met with, and much difficulty in securing charters from England for the establishment of a hospital.

Because of the lack of subscription funds sufficient to erect a new building for the purpose, and the difficulty in selecting the land, a private house was fitted up and opened on Market Street on February 10, 1752, for the reception of patients. On May 28 of the same year the corner-stone of the hospital was laid on a lot of ground purchased by the managers, on Pine Street between Eighth and Ninth. November 26, 1766, dates the first clinical lecture by Dr. Thomas Bond, and this was the beginning of systematic medical teaching on this continent.

During the Revolutionary War the hospital was taken possession of by the British, with resulting loss of instruments, medicines, and furniture. It is with some pride that we read how, some years later, after the War of 1812, the wounded British soldiers were cared for under the same roof.

The hospital continued to grow and to spread its influence farther.

In 1836 was laid the corner-stone of the Department for the Insane, in West Philadelphia; in 1875 the Training-School for Nurses was organized; and within the last ten years have been added the Surgical Wards, Out-Patient Department, Receiving Ward, and the New Clinic, and, finally, the new Central Hall, opened May 11.

Thus, keeping pace with the growth and development of the nation, the old Pennsylvania Hospital, from its very humble origin, has become one of the most influential and most thoroughly equipped hospitals in the world.

WHAT can be done when will and earnestness are behind a proposition has been shown by the management of the new civil hospital at 350 Gral. Solano, Manila, Philippine Islands, which is now ready to receive patients. It is less than two months ago that Mrs. Whitelaw Reid, of New York, expressed a willingness to donate five thousand dollars to the founding of such an institution, which was so badly needed here. To-day it is ready to receive patients and to surround them with accommodations in every sense the equal of those of any hospital in any section of the world. Its appointments are perfect in every respect and absolutely up-to-date. What is true of the building is true also of the medical and surgical staff and the splendid corps of graduated trained nurses.

The hospital occupies the former residence of Dr. Stafford, on the Gral. Solano. The buildings have been in part reconstructed, repainted, and completely rehabilitated. The matters of cleanliness, ventilation, and perfect antiseptic conditions have received the most thorough attention, as a visit to the establishment will prove. Cleanliness is not only next to godliness, but is the hope and often the salvation of the sick and injured, a fact the talented and experienced ladies in charge of the hospital never lost sight of in preparing and furnishing it.

The present accommodations are limited to fifteen beds. There is one ward with three beds, six rooms with two beds each, and two private rooms intended for only one patient each. Should emergency demand, increased accommodations could readily be obtained by the extension of the wings or the construction of new buildings adjacent.

The furnishing of the rooms is practically all alike, the beds being of white enamelled iron frames, and all the accessories are of the latest approved pattern and strictly up-to-date. The ceilings, walls, and furnishings, such as curtains, carpets, and so on, have been reduced to the minimum. This does not, however, by any means imply that the rooms are cheerless and repellant. The very contrary is the fact; they are clean, bright, warm, and inviting, with their comfortable beds and white, inviting linen, and many "a poor beggar" not in need of medical or



surgical aid would be only too glad to pay almost the weekly demand for all services simply to be so pleasantly lodged. What a boon, then, will it not prove to those really in need of the heaven-given services here to be so generously and tenderly dispensed.

The operating-room is modern in every respect, as might be supposed when it is stated that it was equipped through the generosity of Colonel Greenleaf, Surgeon-General to our army in the Philippines. Tables, sterilizers, instruments, means of flushing, and every other device known to the best and most skilful practice of modern days are there.

The dining-room and the kitchen, which, with the reception-room, dispensaries, offices, and attaché's quarters, are located on the first floor, are in perfect keeping with the thoroughness of the rest of the establishment. In the latter there is one large army stove and three blue-flame gasoline stoves. Everywhere the same precaution against contamination by germs has been exercised.

The stabling and all out-buildings have been removed far away from the hospital proper, and the sewerage is perfect.

The buildings are located in beautiful and extensive grounds, which run clear through to the Pasig. The site could not well be improved upon, and constitutes not the least attractive feature of the institution.

Miss Macdonald is the accomplished superintendent, and brings to her post education, skill, and wide experience. She will carry out the wishes of the generous and public-spirited founder.

OWING to the excellent discipline among the attendants and patients, all of the latter being children, not a life was lost and no one was injured by the burning of the South Hospital on Randall's Island, New York Harbor, recently. Ninety-four boys, ranging in age from seven to fourteen years, were in the various wards of the hospital when the fire started. All the boys were suffering from affections of the eyes, but none of them was blind. The hospital was in charge of Miss Annie Mitchell, supervising nurse, who slept on the second floor, and who had for her aides Miss Harrington, Miss Donohue, and Mrs. Morrison, each of whom slept on one of the other floors and had an assistant.

The building was a three-story brick structure, with an attic between the top floor and the roof. The fire started in the attic and destroyed the building.

Miss Mitchell displayed great coolness and presence of mind. Going to the fire-gong, she rang three strokes, which is the signal for a fire-drill. Instantly her assistants were at their posts, and in a few minutes every patient was out of bed and in line ready to march out of the building. The children were told to put on hats, shoes, and other

clothing. So quickly had the fire-drill been executed that the children did not know there was a fire until they were safely out of the building and saw the flames above their heads. The boys were marched to a building about two hundred yards away and put to bed.

At the annual meeting of the Victorian Order of Nurses, in Canada, held recently at Government House, Ottawa, a plan for the erection of cottage hospitals in the Northwest Territories was submitted by the Countess of Minto and unanimously adopted. A special fund, to be known as the Lady Minto Cottage Hospital Fund, will be created for the purpose of carrying out Her Excellency's ideas, and the hospitals will be known as "Victorian Cottage Hospitals," a tablet being placed in each one to show that it was erected to commemorate the life of the Queen. It is hoped by the organization that the Dominion Government may see its way to help in this work, and it is proposed to ask for grants from the Provincial Governments. Help is also expected from municipalities and individuals, and already an anonymous donation of two thousand dollars has been received.

The proposed hospitals will accommodate six patients each, and will require the services of only one nurse, one assistant, and one servant. The help of untrained women may also be utilized, and in this way it is thought that each hospital may become a little nursing school for the district in which it is located.

One of the objects of the Victorian Order of Nurses, as defined by its charter, is "to assist in providing small cottage hospitals," and during a tour in the West last summer Lady Minto became convinced that the organization could work to the best advantage in the sparsely settled districts along these lines. She has been working ever since to attain this end, and it was this which gave rise to the story regarding an opposition movement to the Victorian Order of Nurses.

THE managers of the House of Mercy Hospital at Pittsfield, Massachusetts, are to build a new hospital across the street from the present location. The building will have fifty-two rooms for patients, seven of which will be in the third story and are to be kept for obstetrical patients. Connected with these rooms are diet-kitchen, bath-room, linen-room, and such other rooms as will be necessary for work in this department.

When this building is completed the buildings now occupied—with the exception of the Henry W. Bishop, 3d, Building—will be moved across the street and annexed by corridors to the new hospital. The Bishop Building will then be renovated and will be occupied by the nurses, the fine, large Memorial Hall being used as the study and lecture-room as at present.

The third floor of the old building, which is to be moved, will be used as sleeping-rooms for night nurses and nurses who will be on call for emergency work at night, these nurses keeping their own rooms in the Bishop Building.

The House of Mercy was the first Cottage Hospital in the United States. It has made steady growth from the first. When the buildings are completed the capacity of the hospital will be one hundred beds.

ONE of the last transactions attended to by J. Pierpont Morgan before he sailed for Europe on the steamer *Teutonic* was the purchase of the entire plant of the Liberty Electric Light and Power Company and its presentation to the Loomis Sanitarium for Consumptives in Liberty, New York. The cost of the plant is said to have been about forty thousand dollars.

Dr. J. Edward Stubbert, the physician in charge of the sanitarium and professor of pulmonary diseases at the New York Post-Graduate Medical School, was immediately elected president of the new company, and took charge of the plant yesterday.

Though incorporated for the purpose of supplying the town of Liberty with light and power, the sanitarium has consumed about one-half of its product. Under the new arrangement, not only will the sanitarium receive free the six hundred lights now in use, but wires will at once be extended to its new annex. By furnishing lights to the village a steady income will be derived by the institution.

This is not the first gift that Mr. Morgan has made to the Loomis Sanitarium, of which he was one of the incorporators, and of which he is still a trustee.

ON March 24 a few graduates of the House of Mercy, Pittsfield, Massachusetts, met and talked of the great need of charity work among the sick in that city. The result of the meeting was an invitation to the graduates of the school to meet at an appointed place. Twenty responded to the call, and at the meeting each nurse pledged herself to give two weeks of personal service to nursing the sick poor. Ten others have since that time added their names to the list, and doubtless others will join the ranks. If a nurse is busy at the time assigned her for service, she is to provide a substitute. Miss Clement, superintendent of the House of Mercy Hospital, will always know what nurse is on duty, and will help in every way to make the work reach as many as possible of those who are ill and without means to pay for the services of a trained nurse. This work was commenced on March 25. A nurse went to a patient and remained ten days. In the future the work will

probably be done as by the ordinary district nurse, she visiting several patients in one day.

THE new emergency hospital which it is proposed to establish at Coney Island, New York, will soon be a thing of reality. While the site has not been definitely settled upon, it is known that it will be in the immediate vicinity of the block of land owned by the city at the foot of the Ocean Parkway. It was said that the building which is now being considered as adaptable for hospital purposes is on Sea Breeze Avenue, within one block of the ocean and facing the land which has been talked over for park purposes. The building will be fitted with everything comfortable, and an ambulance will be always ready for calls. It has been practically settled that the transfers of the patients who receive the first aid in the new institution will be made in trolley-cars. It is said that cars will be fitted up with cots for the injured ones, and they will be carried off to the Kings County institution in the cars.

THERE is now every prospect that the work of erecting the long-worked-for Batavia Hospital, Batavia, New York, which will owe its existence wholly to the untiring efforts of the women of Batavia, will be commenced within a month. Practically all of the ten thousand dollars which the women have been steadily raising is now in, and the sum will be nearer twelve thousand dollars than the first-mentioned figure, as several big subscriptions were promised on the condition that a full ten thousand dollars should be raised. The site for the hospital on North Street has already been purchased. The plans call for a building sixty-one feet wide and fifty-three feet deep, which will be two stories in height and whose area will be two thousand seven hundred and eighty-seven square feet.

THE senior nurses of the University of Michigan Training-School, Ann Arbor, Michigan, having finished their class work, have organized themselves into a self-governing study club. Strict parliamentary procedure is practised. Topics of interest are discussed and occasionally some of the ladies of the city who have had trained nurses in their homes are invited to speak to them.

Some of the subjects which have been drafted for discussion are: "How to Read Aloud," "Etiquette Aside from its Ceremonial Observance," "How to Observe," "The Hygiene of the Sick-Room," "Modes of Preservation of Food," "The So-Called 'Personal Equation.'" The nurses are very enthusiastic, and it is hoped that much beneficial work may be accomplished before the first of September.

As a result of a lecture given by Dr. Letulle, a physician at the Boucicaut Hospital, Paris, France, in which he expounded the social dangers of an increase of tuberculosis among the working-classes, a committee has been formed for the construction of a sanatorium in the neighborhood of Paris, where poor people affected by the disease will receive treatment free. It is a well-known fact that ten thousand adults die yearly from tuberculosis in Paris for want of proper care. When erected this sanatorium will be maintained by charitable contributions.

PROVISIONS for a new hospital for Boston are made in the will of the late George L. Thorndike, of East Boston, Massachusetts. He directs that after the death of the last legatee under the will, and when the estate exceeds two hundred thousand dollars, it be used to build a hospital. He also gives the city ten thousand dollars in trust, the income of which is to be used to purchase coal for distribution among the widowed women of East Boston.

By the heroic conduct of the nurses and some who rushed to their aid, a fire which broke out in the roof of St. Peter's Hospital, Helena, Montana, about five o'clock, March 16, was prevented from causing injury to any of its helpless inmates, but it caused damage to the building and furniture amounting to about twenty thousand dollars, and for a time taxed the ability of the fire department to cope with it.

ALL city patients are now occupying quarters in the new City Hospital, Minneapolis, which is as complete as any hospital in the country. Everything is modern, and there is no comparison with the old quarters, which were unsanitary and unsuitable in every respect.

The building recently vacated is now being occupied by the nurses, and Dr. Clark, house physician, also has his office in this building.

FORMER Mayor Z. G. Simmons, who during the past year presented the city of Kenosha, Wisconsin, with a magnificent library building, and a monument to the memory of her soldier dead, has announced that he has decided to make another gift in the way of an Emergency Hospital. For some time he has had architects working on plans for the hospital, and it is his purpose to have it completed before next fall.

THE addition to the Providence Hospital, Washington, D. C., will be a duplicate of the present structure. It will extend from the east of the present building to Third Street southeast, a distance of one hun-

dred and seventy feet. The central feature will be a tower which will rise above the roof-line. At the top of the tower will be a cross, which at night will be lighted by electricity.

JOEL GOLDENBERG, of the firm of Goldenberg Bros. & Co., New York City, in his will has left several hundred thousand dollars to Mount Sinai Hospital for the erection and maintenance of a ward to be called the "Joel Goldenberg Ward." His nephew, Dr. Herman Goldenberg, is to decide what diseases are to be treated in this ward.

THE Visiting Nurse Association of Chicago decided at its last meeting to send a delegate to the Congress of Nurses at Buffalo in September.

MISS MARGARET RUDKIN, a graduate of Galveston Hospital, Texas, and recently of the Ithaca Hospital, has taken a position in the hospital at Hudson, New York.

MISS FRANCES MAY, for four years supervising nurse at the City Hospital, Charleston, South Carolina, has recently resigned, to accept a position on the staff of the Victorian Order of Nurses in Ottawa, Canada.





## OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



### THE INTERNATIONAL COUNCIL OF NURSES

FRAULEIN HEDWIG VON SCHLICHTING, the matron and superintendent of nurses at the Eppendorf Hospital, near Hamburg, one of the finest in Germany, has consented to take a seat on the International Council of Nurses as honorary vice-president for Germany. Fraulein von Schlichting does not expect to attend the meetings in Buffalo, but she will be present at those in Berlin in 1904.

The secretary of the International Council has sent out notices announcing the first meeting in Buffalo in the afternoon of September 16.

The order of business will include reports from the various countries showing the present stage of advancement in organization, as it is the ideal of the International Council that it shall ultimately be composed of national organizations.

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### THE CONGRESS OF NURSES

THE following list shows the nurses who up to the present time have consented to accept honorary positions on the Congress programme, and several countries are still to be heard from:

Honorary president of the Congress, MRS. BEDFORD FENWICK, president of the International Council of Nurses.

Honorary vice-president, representing England, MISS ISLA STEWART, matron St. Bartholomew's Hospital and president Matrons' Council of Great Britain and Ireland.

Honorary vice-president, representing Ireland, MISS MARGARET HUXLEY, matron St. Patrick Dun's Hospital, Dublin.

Honorary vice-president, representing Scotland, MRS. STRONG, matron Royal Infirmary, Edinburgh.

Honorary vice-president, representing Wales, MISS E. A. M. WILSON, matron Cardiff Infirmary.

Honorary vice-president, representing Germany, FRAULEIN VICTORIA GERVINUS, matron and superintendent of nurses, Victoria House, Berlin.

Honorary vice-president, representing Australia, Miss S. B. MCGAHEY, matron Prince Alfred Hospital, Sydney.

Honorary vice-president, representing Italy, Miss GRACE BAXTER, superintendent of nurses Ospedale Clinico, Naples.

Associations of nurses from which promises of delegates have been received thus far are: The Australasian Trained Nurses' Association; the Midwives' Institute and Trained Nurses' Club, London; the Metropolitan Nurses' Club, New York; Roosevelt Hospital, New York; the Registered Nurses' Society, London; the New York Hospital Alumnae; the Visiting Nurses' Association, Chicago; the Rhode Island Hospital Alumnae; the Victorian Order of Nurses, Canada; the Lady Stanley Institute for Nurses, Ottawa; the Spanish-American Order of War Nurses; the Illinois Training-School Alumnae and the St. Luke's Alumnae, of Chicago; the Johns Hopkins Hospital Alumnae; St. Bartholomew's League of Nurses, London; the Matrons' Council of Great Britain and Ireland; the New York Post-Graduate Hospital Alumnae; the Orange Training-School Alumnae; the Rochester City Hospital Alumnae; the Alice Fisher Alumnae, Philadelphia; the Monroe-County Association, New York State, while a number of other home associations are unofficially known to be certain of sending delegates, yet as their secretaries' acceptances are not yet in, they will not be published until officially announced.

The Congress Committee had a meeting in Buffalo on May 16 to transact business connected with the programme and local arrangements for the Nurses' Congress. Miss McIsaac, the president, was in the chair. Other members present were: Miss Damer, Mrs. Storck, Miss Simpson, Miss McKinnon, and Mrs. Morley, of the Buffalo Nurses' Association, and Miss Banfield, Miss Keating, Miss Walker, Mrs. Robb, Miss Palmer, Miss Snively, and Miss Dock.

Among the various arrangements and details the following are especially to be brought to the notice of nurses at home and abroad:

#### LOCAL COMMITTEES ON RECEPTION AND ENTERTAINMENT.

Addresses of chairmen's head-quarters in different towns:

*In Boston.*—Miss Riddle, Boston City Hospital, Boston, Massachusetts.

*In New York.*—Miss Irene Sutcliffe, New York Hospital, Fifteenth Street, New York City.

*In Philadelphia.*—Miss Lucy Walker, Pennsylvania Hospital, Philadelphia, Pennsylvania.

*In Baltimore.*—Miss Nutting, Johns Hopkins Hospital, Baltimore, Maryland.

*In Washington.*—Miss Nevins, Garfield Hospital, Washington, D. C.  
*In Buffalo.*—Miss Damer, 55 Mohawk Street, Buffalo, New York.  
*In Chicago.*—Miss Fulmer, 1403 Unity Building, 79 Dearborn Street, Chicago, Illinois.  
*In San Francisco.*—Miss Patton, City and County Hospital, San Francisco, California.

*In Toronto.*—Miss Snively, General Hospital, Toronto, Canada.

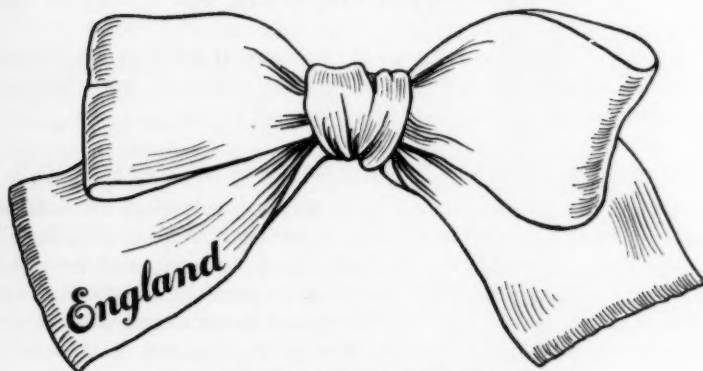
*In Montreal.*—The Royal Victoria Hospital, Montreal, Canada.

Foreign nurses desiring to be met and shown about in any of these cities are cordially invited to write to the head-quarters as given in the above list, stating the time when they expect to make their visit, with the time of arrival of train or boat landing.

## RECOGNITION BADGE.

(FULL SIZE)

To be worn near the left shoulder.



Color: Bright scarlet. Country's name in silk stitches.

### THE RECOGNITION BADGE.

Foreign nurses on arriving in the country, and when going from one town to another, are requested to wear a bow of bright scarlet ribbon, made simply in two loops and ends, with the name of their country stitched on one end, as per illustration. The ribbon should be about one and one-quarter inches wide, and the bow worn upon the left lapel of the coat or near the left shoulder-seam of the dress.

The Reception Committee members, when going to trains or boat-landings, will wear a similar bow. The official delegates will have this "recognition badge" sent to them, but all other visitors from abroad are asked to procure and wear it.

## REFERENCE COLLECTION OF NURSING LITERATURE.

While it was not thought practicable to have anything in the way of an exhibit of nursing appliances, the committee agreed at this meeting to call for a full collection of books, magazines, and papers written and published by nurses; of reports, circulars, or journals published by nurses' societies of any and all kinds; and of constitutions, by-laws, and rules of order of nurses' organizations.

## THE PRESS COMMITTEE.

The committee appointed to be especially responsible for this collection consists of Miss Dock, Miss Damer, and Miss Palmer. While this committee will expect to write many direct letters, yet it will facilitate their work if all associations, organizations, or individual nurses who read this notice will, as promptly as possible, send in to *Miss Damer*, 55 Mohawk Street, Buffalo, *two* copies (in case of one being lost or defaced) of their books, journals, constitutions, reports, etc., for this exhibit.

They will all be placed in one of the rooms at the Woman's Union, where the Congress meetings will be held, for inspection and reference, and orders may be left there for procuring copies.

## THE CONGRESS NUMBER OF "THE AMERICAN JOURNAL OF NURSING."

Instead of scattering our delegates' biographies through the summer numbers, it was decided that the issue appearing on September 1 should be completely given up to the biographies and photographs of delegates, both foreign and home members, and that this issue should take the place of the usual pamphlets issued at Congresses (such as appeared at the London Congress entitled "Who's Who at the Congress of Women"). It will be on sale at twenty (20) cents a copy.

The same committee—Miss Dock, Miss Damer, and Miss Palmer—will be charged with securing this material, and they take this opportunity of asking that a short biographical sketch of every official delegate be sent, with a brief account of the association from which the delegate comes.

This material is to be addressed to Miss Dock, 265 Henry Street, New York City.

The committee took advantage of the opportunity to visit the Pan-American Exhibition, which is truly of marvellous beauty in its tropical luxuriance of color, and at night is a wonderful lace network of electric lights. It is well worth a visit to the country, even were there no other reason for crossing the sea or continent.

The programme as arranged so far will contain papers as follows: "Hospital Administration,—in Great Britain, in America;" "Women on Hospital Boards;" "Nurses' Coöperative Societies;" "The Work of Hospitals as Affecting other Institutions and the Community;" "Preparatory Education of Nurses,—What we are Doing with the Three Years' Course;" "Educational Future of our Schools;" "Post-Graduate Work in Hospitals;" "Organization and Legislation amongst Nurses;" "Indian Army Nursing Service;" "English Naval Service;" "Nursing in the South-African War;" "Nursing in the United States Army Service;" "Nursing Schools in Cuba;" "Historical Outline of the Origin, Growth, and Present Status of District Nursing in England, in America, and in Canada;" "Nurses' Settlements," and short papers on the opportunities and responsibilities of the nurse to-day. It is expected that the completed programme may be given next month.

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#### LONG ISLAND COLLEGE HOSPITAL ALUMNÆ

\* At the annual meeting held at 197 Clinton Street on April 13 the following officers were elected for the year: President, Mrs. C. L. Twing; first vice-president, Miss M. C. Fraser; second vice-president, Miss H. E. Haines; recording secretary, Miss Hopefield, 157 Henry Street; corresponding secretary, Miss M. Tweeddale, 197 Clinton Street; treasurer, Miss H. E. Burdick, the L. I. C. Hospital; secretary and treasurer of the Sick Fund, Miss E. G. Brown, 654 East Twenty-third Street, Flat-bush; Executive Committee—Misses I. L. Sutcliffe, F. E. Weagant, A. Davids, E. Chappelle, and I. E. O'Daly. The next regular meeting will be held at the hospital on May 11, 1901.

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#### THE POST-GRADUATE ALUMNÆ

At the stated meeting held at the club on Tuesday, May 7, the graduating class, numbering twenty-two, was elected to membership. Most of the members have, since the time of the organization of the *alumnæ*, looked towards the establishment of a Sick Fund. At the May meeting this fund was formed and a secretary and treasurer elected, said secretary and treasurer to confer with the president during the summer and report at the September meeting. The delegate and substitute to the International Congress were elected, and after hearing the report of the State organization meeting held at Albany the meeting was adjourned.

**ALUMNÆ ASSOCIATIONS OF CHICAGO**

A LETTER from Miss Tooker, superintendent of Michael Reese Hospital, says their article on "Recent Methods of Preparing Foods for Infants" is nearly ready for publication.

We commend to other alumnæ association reports Mrs. De Witt's plan in the I. T.-S. monthly *Report* reviewing the articles in THE AMERICAN JOURNAL OF NURSING. In the February number of this *Report* is also a clever paper on "Bacteriology," by Mrs. Polson, Class of '96.

Before another issue of the JOURNAL, St. Luke's, the Illinois, and Michael Reese Alumnæ will have taken the necessary steps towards securing State registration for nurses in Illinois.

Upon solicitation of the various alumnæ of the city the Women's Clubs of Chicago are taking up the matter of engaging public sentiment against the wearing of trained nurses' uniforms by servants and others who have not the right.

Chicago Alumnæ represent the smallest contingent of subscribers to THE AMERICAN JOURNAL OF NURSING. Is not this due to thoughtlessness?

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**LEBANON HOSPITAL ALUMNÆ**

THE graduates of Lebanon Hospital, New York City, met on Wednesday, April 10, for the purpose of forming an alumnæ association. There were ten members present. It was decided to hold the meetings on the first Wednesday of each month at the hospital, One-Hundred-and-Fiftieth Street and Westchester Avenue. Miss D. Rayser was elected president and Miss N. A. Jaffier recording secretary and treasurer.

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**MASSACHUSETTS HOMŒOPATHIC ALUMNÆ**

A PLEASANT reception was given on the evening of April 1 by the Alumnæ Association of the Massachusetts Homœopathic Hospital, Boston, to Miss Caroline Marston and Miss D. K. Edgerton, who represent the school as its two oldest members. Miss Marston has been a most valued worker on the nursing staff for twenty-eight years, nearly the whole time since the establishment of the hospital. Miss Edgerton has been a successful surgical nurse, having had charge of a large private ward department for about fifteen years. It seemed fitting that these members receive special recognition from the large number of younger nurses who feel that they owe much to their instruction. The parlors



of Vose Hall were well filled, many coming from a distance to show their interest and appreciation. An excellent musical programme was prepared under the supervision of Miss Alice A. Griswold, superintendent of nurses, and the whole proved a delightful occasion. Miss Marston and Miss Edgerton left on the following Thursday for a long visit in the West, bearing with them the kind thoughts and good wishes of all.

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#### MISS MARGARET McDONALD WOUNDED IN SOUTH AFRICA

THE alumnae of the New York City Training-School for Nurses have been reading the reports from the seat of war in South Africa with especial interest because one of their fellow-graduates has achieved distinction there, not only for her work as a nurse, but also for her bravery on the field of battle. She is Miss Margaret C. McDonald, of Pictou, Nova Scotia. The cable reported early in the fall that she had been wounded, and that she had conducted herself with heroism worthy of a trained soldier. Further details of the accident to Miss McDonald have reached New York in letters from Cape Town, but even these reports are somewhat incomplete. Fragmentary as they are, they have added to the satisfaction of the Alumnae Association of the City Hospital nurses, who are anxiously awaiting Miss McDonald's return to this country to give her a reception and to proclaim their pride in her achievements.

Miss McDonald's friends do not know in what engagements she was wounded or the exact date. The cable simply said that she had been wounded. The letters received since say that she was on the firing-line or close to it. It is also known that she offered to assist in surgical work near the line of battle. The surgeons protested for a time, but she said that she was not afraid. She was wounded in the shoulder by a piece of shell. It is thought that there was a change in the line of battle and that it was impossible to move the surgeon's head-quarters, where the wounded men were taken for immediate treatment. Miss McDonald refused to leave her work, and it is said did not flinch in the least. Her own wound was painful, but a delicate operation was being performed upon a wounded soldier and she felt that her presence was necessary until it was finished. After the soldier had been cared for fully she allowed the surgeon to look after her, and she retired for a time.

Miss McDonald was graduated from the City Hospital Training-School in the Class of '95. She had three-years' experience in general nursing before the South African War was begun. She was elected recording secretary of the Alumnae Association, but resigned about a year ago to go to her home in Nova Scotia. As soon as the war started

her spirit of loyalty to Canada and the mother country prompted her to volunteer as a nurse.

Arriving in South Africa, Miss McDonald was attached to the column that went to the relief of Kimberley, and she was the first woman to enter the city after it was relieved. General Roberts himself came to see her when she was wounded, and told her that she was a brave woman.

Her reply was: "I am the daughter of a Highlander."

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#### VIRGINIA HOSPITAL GRADUATES

THE Virginia Hospital graduates have organized an Alumnae Association with the following officers:

President, Mrs. Virginius Harrison.

Vice-president, Miss Dorothy Stuckey.

Secretary, Miss Douthat.

Treasurer, Miss Sallie Webb.

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#### BUFFALO NURSES' ASSOCIATION

ON May 6 the regular monthly meeting of the Nurses' Association of Buffalo was held in the Guard of Honor rooms on Washington Street. Routine business occupied the first part of the meeting, and then Miss Marguerite Lindley, of New York, gave a most interesting talk on "Physical Culture." She besought nurses to use some thought as to self-preservation, and thus lessen the number of women who are breaking down when only started in their life-work. Her talk was earnest and full of helpful suggestions.

Reports from the delegates to the Albany meeting of the New York State Nurses' Association were fully given. The announcement of the election of Miss S. V. Nye, one of our association members, as the first president of the State Association was greeted with applause.

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#### NURSES' SOCIAL SETTLEMENTS\*

16 THE movement known as the "Settlement Movement" has been so generally noted and discussed during the past few years that I hardly think the gathering to-day need be reminded of its inception and history. It may not be amiss, however, to restate that what the settlement

\* Read by Miss L. D. Wald before the Third Annual Convention of the Nurses' Associated Alumnae of the United States, held at New York May 3, 4, and 5, 1900.

stands for is a social expression of the times in so far as its aims have crystallized or its principles been formulated.

Primarily we may claim that a "settlement" stands for an opportunity for different elements of society to know each other, and to find again those common ties that may fasten the bonds of mutual interest and mutual responsibilities.

Even in this so-called land of democracy social groups have developed into class groups, the rich and favored keeping to themselves, and in the greed of possession allowing the slum, the tenement-house life and all that it implies, to develop with them.

Now, there are not many who would have willingly allowed the creation of this state, for with class distinctions come class misconceptions, mistrusts, hates, and the ugly followers of poverty and sordid lives; therefore it does not seem strange that with this social injustice there should come the smart of the pricked consciences and action therefrom.

Into the life that seemed to him to show the greatest need first stepped the valiant young university man of England (1885). He took up his abode in the "slum" of his great capital and tried to learn from its denizens where the sore was, where the oppression, and hoped—if nothing more—to express to them and for them the sense of *his* desire for the universal brotherhood, and thereby he inaugurated a "settlement."

That desire the early church felt too, but has not kept so clearly before it, as the single creed of love and light (knowledge) became complicated with form and theology, and the new conscience—that is the social conscience—awakened seems almost to be a new message. Now the desire to know, to participate in the affairs of a social world, means the social life in its midst, and thus you see groups of people taking up their residence in parts of the cities that give them this new opportunity, not relinquishing their older ties, not uniting the two, but throwing their best efforts into new connection.

It is not easy to make genuine close social ties in any strange place, and the sincerest efforts of the sincerest people have often difficulty in finding an expression of their meaning, sometimes the small achievement mocking the high desire; but if this desire has entered into the heart of the nurse, she has the readiest opportunity in her profession.

She has so many advantages over other men and women of altruistic yearnings that she ought to count effectively as a link of restored belief and faith in the new social order of more fairly adjusted opportunities that we optimistically look forward to.

Nurses, therefore, who have the desire to throw their profession, their social ardor, into a service of the people, need have no difficulty in finding outlet for them. A democratic, neighborly, simple relationship is open to them in the "settlement," not a mission work as we have grown to understand that term, not as a means to persuade one set of people to believe as you do, but a frank avowal of relationship, a willingness, a zeal to serve where poverty augments the misfortune of disease, and then to hope for and to seize the opportunities of building upon this opening a relationship for future intercourse.

The nursing itself is what is probably familiar to you as district nursing—that is, the nurse does not remain continuously with one patient, but divides her day among several, going from one to the other; but the residence of the nurse in the social settlement being known to her patients, calls can be received and returned and part can be taken in the club, the class, and educational programme that is bound to grow in and about a settlement. These features will increase according to the number and ability of the settlement family and their attractive powers to the people of their neighborhood. So have the boys' and girls' clubs, the dancing-classes, debating societies, basket-ball teams, penny provident bank, domestic-science classes, kindergartens, and so forth grown as the needs and wishes of a neighborhood have been felt, naturally from the knowledge and influence of nurse and patient. Of course, the nurse does not care for the sick all day and manage clubs all evening, but she will desire some share in it; her interest will be in them all, and she will have such all-round concern in her patients, the definite details of their personality will be so well known to her, and she will find in the atmosphere of her home and a ready response to her efforts to bring them into it sufficient to prove the neighborliness of the house and all that that implies.

If all this sounds alluring to you, satisfying and stimulating, you are a nurse for a settlement.

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#### ERIE COUNTY ALUMNÆ

THE annual meeting of the Erie County Hospital Alumnæ Association will be held June 5. Miss Alice Gillette, of Cuba, is expected to be present and to give a talk on "Yellow Fever."



## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



### NEWS FROM DENMARK

AMONG those trained nurses who, after being by marriage or in other ways relieved from constant absorption in their specialty, have devoted their energies to general reform work, none is more hard working than Mrs. Gordon Norrie, of Copenhagen, one of the International Council of Nurses. Mrs. Norrie is deeply engaged in the suffrage movement and in the work of the Danish Women's Council. She has sent us a very interesting report of the "Information Bureau" established by the Council, which we would like to give in full, but must condense for want of space. The Information Bureau was established in 1900, with Mrs. Norrie as chairman and generally responsible. Its object is "to give information on general subjects concerning women, be it from Denmark or other countries, and to undertake research work." The report says:

"We may mention with satisfaction that our assistance has been required for several very important purposes. Questions have been addressed to us from our own country and from England, Italy, Holland, Norway, Sweden, and the United States. The problems put before us range from the sphere of the cooking-school to statistics with regard to the number of women in Danish political organizations, pension schemes for teachers and nurses, the training of nurses, midwives, and medical women, and Danish army nursing organization, to the American 'women's rights' movement."

The report goes on to relate in detail the last important movement in which the women of the council have been engaged, viz.: modifying and influencing the passage of legislation in the Danish Congress regulating the work of women and children in factories. Through the efforts of the Information Bureau, the points at issue in the proposed legislation were brought before the working-women of Denmark in mass meetings and by articles in the public press, with the result that the opinion of the women thus elicited considerably modified the proposed laws. It seems that the law proposed would have forbidden night-work to women, regulated their hours in the factory, and rendered it compulsory for them not to work during four weeks after confinement, without, however, introducing any compensatory features. The women contended that as labor is not badly abused in Denmark, "to forbid night-work and to regulate their hours would handicap them in the contest with their male colleagues. As for the pause after confinement, it would be welcomed on the condition that they should be supported during this period without being brought under the poor-law." It was to gain this latter point especially that the women bent their energies, and are hoping for success, the bill being now before the government. The entire report could be obtained from Mrs. Norrie at the Bureau, Norregade 33, Copenhagen, by any one wishing it, also the latest words on this modern problem may be found in the volume, "Women in Industrial Life," part of the transactions of the International Council of Women in London in 1899.

## LETTERS

## BRITISH MATRONS AT THE WAR OFFICE

(From our Special Correspondent)

DEAR EDITOR: You will be interested to hear that since I last wrote to you a deputation from the Matrons' Council has been received at the War Office by Lord Raglan, Under-Secretary of State for War, its object being to express the views of the council on the reforms necessary in the army nursing service.

The deputation consisted of Miss Isla Stewart, matron of St. Bartholomew's Hospital and president of the council; Mrs. Bedford Fenwick, president of the International Council of Nurses and superintendent of Nursing Department National Fund for Greek Wounded in the Græco-Turkish War; Miss Margaret Huxley, matron of Sir Patrick Dun's Hospital, Dublin, and president of the Dublin Nurses' Club, who came over from Ireland at a few hours' notice for the purpose and returned the same day; Miss Knight, matron of the General Hospital, Nottingham; Miss Mollett, matron of the Royal South Hants Hospital, Southampton, these three ladies being past or present vice-chairmen of the Matrons' Council and councillors of the International Council of Nurses; Miss Beatrice Jones, matron of the Victoria Park Hospital for Diseases of the Chest, who has worked in South Africa for six months during the present war as a member of the Army Nursing Reserve, and Miss M. Breay, honorary secretary of the council and councillor International Council of Nurses.

The deputation, which was courteously received by Lord Raglan, presented a memorandum, which was read by the president, embodying the following points:

"1. That in the last twenty years great progress has been made in nurse training, and the nurse of the present day must be a highly educated and skilful person if she is to render efficient service to physicians and surgeons and to the sick.

"2. That in all civil hospitals the nursing of male patients is entirely and most satisfactorily done by women, and there appears to be no valid reason why the sisters in military hospitals should not be responsible for the carrying out of medical directions in relation to the sick in every detail.

"3. That the control and discipline of the nursing staff in military hospitals should be vested in the superintendent of nursing.

"4. That a Nursing Department should be formed at the War Office in affiliation with the Medical Department, which should be superintended by a fully trained and experienced administrative nursing officer. (In this connection it was pointed out that a bill authorizing the appointment by the Secretary of War of a graduate nurse as Superintendent of the Army Nurse Corps has recently been passed by Congress in the United States.)

"5. That all female nursing officers should be certificated graduates of nursing schools of hospitals having a three-years' term of training and to which medical schools are attached. That in each military hospital the head sister should have full authority over the female nursing staff and be directly responsible to the Nursing Department for their discipline and efficiency. That there should be two grades of nursing sisters, senior and junior, and that the higher grade should be recruited from the lower, as vacancies occur, upon the recommendation of the principal medical officer and the head sister.



"6. That the probationary period for orderlies should last for three years, during which time they should have regular theoretical and practical instruction. That while in the wards they should be subject to the authority of the ward sisters, and that power of suspension for inefficiency or misconduct should be vested in the principal medical officer on the report of the head sister.

"7. That in the opinion of the Matrons' Council the organization of an effective army nursing reserve can only be satisfactory if kept up to a minimum standard in time of peace. That any such reserve should be an integral part of the army nursing service and under the control of the War Office both in time of peace and war, and that every element of lay control and philanthropy should be eliminated from its constitution."

These were the principal points embodied in the report, which was the outcome of much consideration and expert knowledge. For fourteen years Mrs. Bedford Fenwick has been interested in army nursing reform and has thoroughly acquainted herself with the conditions under which army nursing is at present performed. She has also had experience of active service as superintendent of the British contingent of nurses sent out to Greece by the National Fund during the Græco-Turkish War. The Matrons' Council had, further, the benefit of the diary of an army sister who nursed in our army for ten years in various parts of the world, and of the advice of several experienced nurses who have worked in South Africa during the present war.

#### BRITISH DELEGATES TO THE NURSES' CONGRESS

It may interest your readers to know that at the quarterly meeting of the Matrons' Council Miss Mollett, matron of the Royal South Hants Hospital and a vice-chairman, was elected delegate to the Buffalo Congress by an overwhelming majority, a choice which I feel sure will commend itself to your committee, as Miss Mollett's charming personality makes her deservedly popular. The Registered Nurses' Society has unanimously elected as its delegate its secretary, Miss Sophia Cartwright, who is a graduate of St. Bartholomew's Hospital and a lady who may always be relied upon to act and vote straight where nursing interests are concerned.

The Congress is arousing much interest in this country, and all that is brightest and best in the nursing profession here would be with you on that occasion if means permitted.

Yours cordially,

UNION JACK.

[We congratulate the "British Matrons" upon their courageous and womanly invasion of the War Office. Whether their recommendations are accepted or not, they must go on record in history, and commend themselves to all reasonable-minded people as being practical, humane, and enlightened. We believe their suggestions will not be without effect, and that the War Office, while at present turning them down, may, later on, adopt them as its own device. Have we not all known this to happen more than once? We do not mean only in war, but in all kinds of affairs. There are critics who would seem almost to prefer having abuses continue than to have reforms suggested by women, and articles have appeared in the English press, directed against the "British Matrons," the tone of which is quite incomprehensible to us, who see in their action only timely professional intelligence and high moral courage.—ED.]

## THE AMERICAN MISSION HOSPITAL IN EGYPT

WE misspelled the name of our correspondent from Assiout, Egypt. It is Miss E. Dorcas Teas, and she writes that she graduated from a Philadelphia hospital. A graduate of the New Haven School conducts the hospital in the Training-College for boys at Assiout. Miss Teas asks for suggestions about plumbing in places where there can be no real drainage, and plans for making distilled water, both for their new buildings. Can any one give her practical suggestions?

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## FROM NEW YORK TO MANILA

## FIRST RESERVE HOSPITAL, MANILA.

. . . We left New York on the United States army transport Kilpatrick, carrying one thousand enlisted men. Newly fitted up, it had a complete little hospital, with a special diet-kitchen for the patients. We had pleasant weather, and reaching Gibraltar, I took a patient to the English military hospital. The ambulance was a primitive-looking affair with two wheels and without springs. As the roads were very good it was not so uncomfortable as it seemed. . . . I visited the Colonial Hospital and was shown through it by the sisters. They wear blue gingham dresses, white linen aprons, cuffs and kerchiefs, and white caps with strings tied under the chin. The wards contained twenty beds each, and opened out on balconies where the convalescents sat, with a fine view of the ocean and the fort. The windows and halls were filled with beautiful tropical plants, which relieved the plain whitewashed walls and unpolished floors. We then took a drive around the fort. The heights were rather trying, though the scenery was magnificent. The walls along the roadside were covered with a luxuriant growth of heliotrope. . . . An English fleet lay in the harbor, and it was a pretty sight to see the launches come over the water, carrying the English officers who came aboard to pay their compliments to our commanding officers.

We left just before the firing of the sunset gun, and our next stop was in Malta Harbor. The city was a beautiful sight, majestic in the splendor of ancient Spain; of Moorish architecture, and looking, from the harbor, as if it were cut out of the solid rock. I went ashore and visited the Church of St. John to see the tombs of the Knights of Malta; four hundred and sixty of them lie there, overlaid with mosaic. I also saw interesting old paintings and sculpture, and the beautiful gardens, covering an area of several miles.

We next cast anchor at Port Said. Here the East and West meet, and everything has a foreign appearance. The streets are narrow and unpaved, and anything like a sanitary condition is unknown. Beggars almost take possession of one, and will produce any relic of the Holy Land for a small sum. We were two days here, and fifteen hours in the Suez Canal. One side is fertile, the other a desert. We were told that for every foot of it a man was buried while it was being dug.

After a long sail we saw the island of Ceylon. How beautiful it looked in the purple haze of the sunset! And the odor of the spices came to us on the breeze. We were two days at Colombo. . . . We anchored at Singapore, but were only in harbor three hours, as the city was quarantined.

Finally, late one afternoon we saw the mountains of Luzon, and in the

evening anchored in Manila Bay. It is one of the finest harbors in the world, thirty miles in extent each way; the land is high and covered with luxuriant vegetation. Manila is about twenty miles from the entrance to the harbor. It is a fortified city encircled by a wall, with bastions and bulwarks, ditch and outer ditch, into which the water may pass through sluices, thus isolating the city.

The First Reserve Hospital fronts on the Pasig River. The nurses' uniform is white with white canvas shoes. Day nurses report for duty at seven A.M. and are off at six-thirty P.M., with two hours off in the middle of the day. Night nurses are on from six-thirty to seven. The wards have about sixty-four beds each. They are built of stone and finished with hard wood, lighted with electricity, and the sanitary arrangements are fairly good. The days of hardships are now over, and everything is nicely arranged for us.

M. E. SILCOTT.

[Miss Silcott is a graduate of the Children's Hospital, Washington, D. C.]



## EDITOR'S MISCELLANY



### SUFFRAGE FOR TAXPAYING WOMEN

THE New York Senate recently passed, by a vote of twenty-seven to fourteen, the bill empowering women taxpayers in townships and villages to vote upon all tax propositions. The bill has passed the lower house in three successive Legislatures by heavy majorities,—one year unanimously,—but has hitherto always failed in the Senate.

New York is the third State to grant suffrage to taxpaying women. Montana was the first, Louisiana the second.

The vote in New York is only the extension to all the towns and villages of the State of a right which the women in half a dozen New York cities of the third class have already possessed for years under special municipal charters, and which has been found to have no bad results.

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WHEN we receive a letter like the one below from a nurse whose name is entirely strange to us, we feel rewarded for the hours of hard drudgery that we are obliged to spend over each number of the JOURNAL.—[ED.]

"DEAR JOURNAL: Another subscriber is added to your list of admirers. You are such a comfort to us all, we look for your coming with increased interest after every issue.

"I have been especially interested in the paper on the subject of 'Ethics,' and hope there are more of the same kind to follow.

"F. D. F."

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32 WEST GENESEE STREET, BUFFALO, April 15, 1901.

DEAR EDITOR: I have read with much pleasure Miss McIsaac's article on "Ethics in Nursing" in THE AMERICAN JOURNAL OF NURSING for April.

It is a subject on which all conscientious superintendents of training-schools must feel great responsibility. During the time that I occupied that position I found it the most difficult and anxious part of the superintendent's duties.

I am sorry to say that the root of many of our nursing failures lies with those people of position who write glowing recommendations of candidates for training whom they know to be unfit for such a trust.

The good-natured people who cannot say "no," and whose names should be and are considered a guarantee of the applicant's moral fitness, have much to answer for.

A superintendent cannot be omniscient, and I have known of women of more than doubtful character who have succeeded in leading a double life during their training, and have received a diploma which was the key to the homes of countless unsuspecting families.

I would urge all superintendents to make no decision in regard to applicants without a more searching examination of their fitness than the simple endorsement of the application form.

I believe that most hospitals have a clause in their rules to the effect that "all communications between nurses, patients, and physicians must be strictly professional and in no wise social."

This is one of the rules which has been under much discussion pro and con as to its advisability. With young physicians and male patients, and a certain element present in all schools, the rule is regarded as one made to be broken. Yet the spirit of it is most essential to the welfare of the nurses and the standing of the training-school.

It seems to me that this subject should be laid before each pupil as she enters, with the understanding that its wilful disregard would mean expulsion from the school.

Can anything be done further by the superintendent, except to trust to the honor of her pupils to keep this rule?

I would like very much to hear from present and ex-superintendents of training-schools, in the hope of learning if any have found a way to solve this most serious problem. I feel sure it is still confronting many a superintendent and imperilling the standing of our schools and their graduates.

Sincerely yours,

LOIS MASTIN DIEHL.

MISS NINA LUTTRELL, who has been in Cuba for some time, has recently accepted the position of night supervisor at the Mercedes Hospital, Havana, Cuba.

THE medical and nursing staff of the Pan-American Hospital has been appointed by Dr. Roswell Park as follows:

MEDICAL OFFICERS.—Dr. N. W. Wilson, sanitary officer; Dr. Zittell, Dr. Edward Mann, Dr. Simpson, Dr. Ellis, Dr. Bixbee, ambulance.

NURSES.—Miss Adella Walters, in charge; Miss Minnie Van Eney, assistant; Mrs. Hassellberg, Presbyterian Hospital, New York; Miss Lichenstein, New Orleans Hospital; Miss Haynes, Buffalo Woman's Hospital; Miss Dodge, Chicago Baptist Hospital.

#### PAN-AMERICAN EXPOSITION

It may be of interest to readers of THE AMERICAN JOURNAL OF NURSING who intend to visit Buffalo in the near future to learn something of the great Exposition and what it may cost to reach that city. Beginning with May 1, it can truly be said that "all roads lead to Buffalo," and a very nominal uniform rate has been made by all railroads,—viz.: one and one-quarter fares from any point.

As there are about thirty roads entering Buffalo, it will be a very easy matter to decide by what route to travel from any part of the country. The Nurses' Association of Buffalo, with Miss Annie Damer, president and chairman

of the Committee of Local Arrangements, will arrange for a head-quarters for registration, from which all delegates and visitors can be assigned stopping-places while in the city. It is expected to have members of the association meet incoming trains and facilitate matters for strangers.

The beauties of the Pan-American Exposition can scarcely be expressed in ordinary language, and must be seen to be appreciated.

It is instructive, as well as having many amusing features, and the electrical exhibition far surpasses anything seen at the Paris Exposition we are told by those who were abroad last year.

The Emergency Hospital is complete and in full running order, with its quota of nurses and doctors. A great deal of interest has been aroused in our country among nurses recently, and we hope that large numbers will attend the Congress of Nurses during the week of September and also the great Pan-American Exposition.

EMMA J. KEATING.

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#### MARRIED.

In Richmond, April 30, 1901, Miss Grace L. Denzler to Dr. J. Ryland Hudnall, of Botetourt County, Virginia. Mrs. Hudnall is a graduate of the Old Dominion Hospital, and was for the past three years associated with the C. and O. Railway Hospital, Clifton Forge, Virginia.





## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MAY 6, 1901.

BEAR, CARRIE D., recently serving temporarily at the United States Army General Hospital, Presidio, San Francisco, discharged from the Nurse Corps.

Brennan, Eliza A., formerly on duty at the Second Reserve Hospital, Manila, Philippine Islands, discharged.

Brown, Mrs. Jessie M., transferred from the Santa Mesa Hospital, Manila, to transport duty on the Lawton en route to the United States. Arrived in San Francisco April 17 and assigned to temporary duty at the Presidio awaiting return transportation to the Philippines.

Cochran, Lillian E., now on duty at the United States Army General Hospital, Presidio, San Francisco, has been ordered to Fort Bayard, New Mexico.

Cox, Sara M., arrived in Manila on the Sheridan March 19 and was assigned to duty at the Santa Mesa Hospital, Manila.

Danford, Caroline L., transferred from Military Hospital, Dagupan, to First Reserve Hospital, Manila, Philippine Islands, to await transportation to the United States.

Deasy, Mary Clare, transferred from Military Hospital, Lucena, to the First Reserve Hospital, Manila, Philippine Islands, March 17.

Durkee, Lulu B., transferred from the First Reserve Hospital to duty at the Second Reserve, Manila, Philippine Islands.

Fenwick, Hattie, ordered from First Reserve Hospital, Manila, to transport duty en route to the United States.

Gillen, Ella M. (Mrs.), transferred from Columbia Barracks, Cuba, to temporary duty at the "Hospital Headquarters Artillery, Defences of Havana," Vedado, Cuba. Returned to station April 12.

Graham, Catherine B., arrived in Manila on the Sheridan March 19 and was assigned to duty at the Santa Mesa Hospital.

Hasemeyer, Augusta D., arrived in San Francisco April 17 on transport Lawton and was assigned temporarily to duty at the United States Army General Hospital, Presidio, San Francisco, awaiting return transportation to the Philippine Islands.

Hinkle, Julia, transferred from Military Hospital, Dagupan, Philippine Islands, to the First Reserve, Manila, to await transportation to the United States.

Jones, Helena E., arrived in Manila on the Lawton March 2 and was assigned to duty at the First Reserve Hospital, subsequently transferred to Military Hospital, Dagupan, March 16.

King, Ella B., arrived in Manila on the Sheridan March 19 and was assigned to duty at the Santa Mesa Hospital.

Lake, Mabel I., assigned to permanent duty at the United States Army General Hospital, Presidio, San Francisco, April 20.

Laughlin, Mary C., arrived in Manila on the Lawton March 2 and was assigned to duty at the First Reserve Hospital.

Livingston, Mrs. Tessie, arrived in Manila on Sheridan March 19 and was assigned to duty at the Santa Mesa Hospital.

Lyons, Mary V., left United States Army General Hospital, Presidio, San Francisco, April 27, for temporary duty at the Hospital Corps School of Instruction, Fort McDowell, Angel Island, California, during the absence of Miss Jane M. Stoker.

McCormick, Mary L., formerly on duty at the Second Reserve Hospital, Manila, Philippine Islands, discharged.

Michael, Emma E., formerly on duty at the United States General Hospital, Fort Bayard, New Mexico, discharged.

Mount, Louise I., formerly on duty at the Santa Mesa Hospital, Manila, Philippine Islands, discharged.

Pickel, Helen M., transferred from the Military Hospital, Lucena, to duty at the First Reserve Hospital, Manila, Philippine Islands.

Reed, Augusta G., left Santa Mesa Hospital, Manila, Philippine Islands, March 19 and ordered to duty at the Military Hospital, Dagupan, Philippine Islands.

Salter, Mrs. Marguerete, arrived in Manila March 19 and was assigned to duty at the Santa Mesa Hospital.

Smith, Stella, left San Francisco April 20 on Thomas for transport duty en route to Manila.

Spear, Eliza B., transferred from the Santa Mesa Hospital, Manila, to transport duty on Grant en route to the United States. Arrived in San Francisco April 19 and is under orders to return to the Philippines.

Sweet, Agnes, transferred from the Santa Mesa Hospital, Manila, to transport duty on Grant en route to the United States. Arrived in San Francisco April 19 and is under orders to return to the Philippines.

Talcott, Mary B., transferred from the Santa Mesa Hospital, Manila, to transport duty on Grant en route to the United States. Arrived

in San Francisco April 19 and is under orders to return to the Philippines.

Valentine, Minnie I., arrived in San Francisco April 14 on transport Thomas.

Wiedmann, Barbara, arrived in San Francisco April 15 on Thomas and sailed April 20 on same transport, returning to the Philippines.

Wills, Edith M., transferred from Military Hospital, Dagupan, Philippine Islands, to the First Reserve Hospital, Manila.

Wolfe, Effie, formerly on duty at the Santa Mesa Hospital, Manila, Philippine Islands, discharged.

Yeamans, Laura E., left Santa Mesa Hospital, Manila, March 21; ordered to duty at the Military Hospital, Vigan, Philippine Islands.

Zellar, Clara M., left Santa Mesa Hospital, Manila, March 19; ordered to duty at the Military Hospital, Dagupan, Philippine Islands.

Zink, Josephine, arrived in San Francisco April 15 on transport Thomas and sailed April 20 on same transport, returning to the Philippines.



## THE EDITOR



WE wish to call the special attention of our readers to the report of the Congress Committee given on another page. Judging from the tone of the meeting recently held in Buffalo, no time or labor will be spared to make the Congress a most interesting and delightful occasion. The August and September numbers of the JOURNAL will be given up largely to Congress matters, the September issue to be in the nature of a "Congress Souvenir."

As has been announced in the department of hospital news, the Editor will after June 1 be free to devote her entire time to the magazine, and after a few weeks of much-needed rest she hopes to do better work for the JOURNAL than has been possible in connection with the exacting duties of a difficult hospital position.

Two articles in the present number, "Baltimore's Work in Tuberculosis," by Miss Sherman, and the second paper of "The Report of the Tenement-House Committee," contributed by Miss Dock, are of especial interest because, although upon quite different lines, they deal with practically the same subject,—the prevention and spread of what is commonly called consumption. We believe that at the end of the century this terrible disease will be more thoroughly under control than small-pox is at the present time. The first step is in the education of the intelligent public, who have means within their power to provide better living conditions and better protection for the poor and ignorant.

If the trained nurse could be made to realize her responsibility as a public educator, what a tremendous factor she would become in all of these great problems of public health! It would not be necessary for her to be officially appointed a sanitary inspector, but just to talk intelligently upon such subjects as light and fresh air, common, everyday soap-and-water cleanliness, and the need for better housing and more careful medical inspection of schools and factories as she goes about from one family to another as a private-duty nurse. Think what the thirty thousand trained nurses in the United States could accomplish upon these lines if their interest and energies were only turned in this direction!

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THE paper on "Medical Inspection of the Public Schools of Boston" was written for the May number of the *JOURNAL*, but came to hand a little too late, and, although upon somewhat the same lines as Miss Hay's paper, it deals with the subject so much more minutely from a medical stand-point that we have thought best to give it place in the present issue. The writer, Dr. Dewey, has been interested in this movement in Boston from the beginning, and speaks from the stand-point of one familiar with all of the practical detail.

It is quite a new departure for Boards of Managers to interest themselves in matters purely ethical that concern nurses in private practice, and it is with great interest that we note the action of the Board of Managers of the Old Dominion Hospital mentioned in the May issue of the *JOURNAL*, and the action contemplated by the Alumnae Associations and club women of Chicago in protesting against the wearing of the nurses' uniform by domestic servants. If once public sentiment can be aroused against this abuse, we believe much can be done to abolish the too prevalent fashion of dressing housemaids, waitresses, and childnurses in the uniform of the most popular training-school in the community.

This is a matter that, once having been agitated, might well be taken up by the nursing organizations of the country, and the coöperation of hospital managers be solicited in creating a popular prejudice against this custom. It will only be necessary to make it "bad form" for one's servants to be dressed as nurses, and the fashion will die a natural death.

We feel that we owe a word of explanation to the members of the New York State Association for our failure to produce in the May number of the *JOURNAL* the photograph of the group which was taken upon the steps of the City Hall. It will be remembered by those who were present that when the request that such a photograph should be taken was first submitted to the meeting by the president, the convention voted in the negative. The "Editor" had at this moment left the room with the Nominating Committee, but it will be remembered that she returned and made a personal appeal to the members to reconsider their decision, that she might have a copy of a photograph of the convention for *THE AMERICAN JOURNAL OF NURSING*. After taking the group the photographer disappeared in a mysterious way, and we were unable to locate him. Learning that he came from Saratoga, we commissioned Miss Brooks to look him up and arrange for a copy of the photograph to be sent to us immediately. A message came from the gentleman to

the effect that the plate was "light struck" and too poor to be reproduced in our JOURNAL, consequently our surprise and amusement may be imagined when a reproduction of the group was seen in another journal. But it may be a satisfaction to the disappointed members to know that the picture was quite as poor, from an artistic stand-point, as the photographer represented it to be.

THE committee appointed to act with the officers of the New York State Association to draft by-laws to be considered at the next meeting in Buffalo will have to deal with the burning question of eligibility,—whether membership in the society shall be individual or by representatives of nursing organizations, and if the latter, what kind of organizations. Before the next meeting each nurse should, as far as possible, study the form of organization which has been followed by State societies in other lines. The medical profession have not yet reached a plan of organization which is satisfactory to all, and we should at least profit by their experience in avoiding the rocks upon which they have split, if possible.

Representation from county societies would seem to be the simplest and most practical method but for one very serious objection,—namely, the fact that there is but one county society in New York State at the present time.

New York will watch with deep interest the lines upon which Illinois decides to organize.

New York State undoubtedly has the greatest number of nurses of any State in the country, but the great mass of these women are congregated in and about New York City. There is a small group in the centre of the State, and still another in the western extremity. The problem will be, how to gather in the scatterings.





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